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ABSTRACT

This report describes activities and accomplishments of the Idaho Project for Children and Youth with Deaf-Blindness, a 3-year federally supported project which provided training, technical assistance, and resources to families, educators, and other service providers working with infants, toddlers, children, and youth with deaf-blindness. An emphasis of the program was to increase the active participation of individuals with deaf-blindness in their home, school, and community. The project resulted in a dramatic increase in the number of individuals who were identified as having deaf-blindness. Among the information sources developed for both families and professionals were an annual summer institute and inservice sessions (serving approximately 1,500 people), quarterly newsletters, a film series, informational fact sheets, biweekly computer bulletins on the Idaho Special Net board, on-site trainings and technical assistance visits, and collaborative activities with various agencies across the state. Individual sections of the report describe the project's goals, objectives, accomplishments, issues, impact, and development of information sources. Appendices include sample transdisciplinary reports on specific children, assessment forms for training programs, a listing of materials in the project's resource lending library, and a flyer in both English and Spanish versions. (DB)

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ED 391 297

FINAL PERFORMANCE REPORT

PROJECT NUMBER: H025A20042

PROJECT START DATE: 10-1-92
PROJECT END DATE: 9-30-95

PROJECT TITLE: IDAHO PROJECT FOR CHILDREN AND YOUTH WITH DEAF-BLINDNESS

GEOGRAPHIC AREA SERVED: IDAHO

PROJECT DIRECTOR: ROBIN G. GREENFIELD, PH.D.

MAILING ADDRESS: IDAHO CENTER ON DEVELOPMENTAL DISABILITIES (UAP)

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ABSTRACT

The purpose of the Idaho Project for Children and Youth with Deaf-Blindness is to provide training, technical assistance, and resources to families, educators, and other service providers who work with infants, toddlers, children, and youth with deaf-blindness. Services are designed to increase the active participation of individuals with deaf-blindness in their home, school, and community.

The Idaho Project for Children and Youth with Deaf-Blindness has completed the 1992-1995 grant period. The past three years have seen a dramatic rise in the number of infants, toddlers, children, and youth who have become a part of the Idaho census. A variety of information sources have been created for both families and professionals who work with children in Idaho who are deaf-blind. These information sources include an annual summer institute, quarterly newsletters, informational fact sheets, bi-weekly computer bulletins on the Idaho Special Net board, on-site trainings and technical assistance visits, and collaborative activities with a number of agencies across the state.

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I. Project Purpose, Goals and Objectives

The purpose of the Idaho Project for Children and Youth with Deaf-Blindness is to provide training, technical assistance, and resources to families, educators, and other service providers who work with infants, toddlers, children, and youth with deaf-blindness. Services are designed to increase the active participation of individuals with deaf-blindness in their home, school and community.

The following sections will describe the project's goals and objectives from October 1, 1992 until September 30, 1995.

GOAL 1.0 The Idaho Project for Children and Youth with Deaf-Blindness will develop a coordinated, comprehensive process for identifying infants, toddlers, children, and youth (birth through 22 year of age) including those individuals from underrepresented groups (e.g. Hispanic, Native American) with deaf-blindness.

Objective 1.1 Provide information, technical assistance, and resources to the assessed needs and requests of professionals, including those who work with underrepresented groups in identification and assessment procedures of infants, toddlers, children, and youth with deaf-blindness.

Over the past three years the Idaho Project has provided information, technical assistance, and resources to a variety of professionals including teachers, support personnel (e.g. speech and language pathologists), teaching assistants, and administrators. Technical assistance has included on-site visits to classrooms and child development centers, inservice training, "teacher and assistant friendly" reports (see Appendix A). Ongoing support has been provided by multiple on-site visits, conference calls, and action plans. Information has been provided to professionals in various forms including films, written material, and toys.

Activity 1.1.1 Assess the needs of professionals working with infants, toddlers, children, and youth with deaf-blindness including those working with underrepresented groups.

This activity has been an ongoing process. Each October individual teachers of children and youth on the project census are mailed a formal training needs assessment (see Appendix B). At the conclusion of each technical assistance visits professionals are also asked to identify additional training or technical assistance needs. Results from these assessments have determined the kinds of trainings that have been given during the annual summer institute as well as during the school year.

Activity 1.1.2 Disseminate information on students who are at-risk of having a dual sensory impairment.

Information regarding who is eligible for the project census as well as who is at-risk for deaf-blindness is advertised in the project literature. Information on this subject has also been presented a various trainings and on the Idaho computer board.

Activity 1.1.3 Conduct the yearly census.

The project census is conducted on a yearly basis to coordinate with the December 1 child count conducted by the Idaho State Department of Education. The census as of September 30, 1995 was 54 individuals ranging in age from 17 months to 21 years of age.

Objective 1.2 Provide information, technical assistance, and resources to the assessed needs and requests of families including those from underrepresented groups, in identification and assessment procedures of infants, toddlers, children, and youth with deaf-blindness.

Activity 1.2.1 Conduct a yearly needs assessment

Information regarding the project's activities, resources and services was distributed in individual mailings, through the project newsletter, and conferences conducted throughout the state. An annual needs assessment (see Appendix C) was mailed to families of individuals on the project census to assess the needs for training and technical assistance. Results of the assessments were used to design technical assistance activities.

Activity 1.2.2 Respond to the assessed needs and requests of families

The project has responded to the assessed needs of families through on-site technical assistance in schools and homes. The project has also used the information from the family needs assessment to design summer training (e.g. communication strategies, inclusion issues, medical issues, functional vision assessment and instructional strategies).

The project has been very conscientious about including families in all phases of technical assistance. Most technical assistance visits include some kind of person centered planning. Sometimes that planning has taken the form of a formal MAPS meeting or personal futures planning meeting. Other times families have been involved in a more informal interview about their son or daughter.

Over the past three years the project has played several different roles for families. It has acted as a mediator for families who were in conflict with a particular school district.. The majority of conflicts have been around the issue of "inclusion" and how a child who is deaf-blind might participate in an inclusive setting. The technical assistance provided by the project,

particularly the project's transdisciplinary team, has been most effective in averting legal proceeding between school districts and families.

The project has also functioned as an advocate for families in Idaho. There have been numerous occasions when families have literally been "all alone" in their effort to secure a quality education for their child. For some of those families the project has been their only source of support.

GOAL 2.0 The Idaho Project for Children and Youth with Deaf-Blindness will provide information, technical assistance, and resources to the assessed needs and requests of educators and other professionals who work with infants, toddlers, children, and youth, including those from underrepresented group, with deaf-blindness.

Objective 2.1 Develop three effective practice sites in Idaho.

Over the past three years has provided technical assistance to numerous sites throughout the state. The majority of those visits have included intensive one to two day observations and planning meetings. Followup has consisted of regular conference calls, resource materials, and some re-visits as per request by teacher, family, or action plan.

Two of the sites (Boise and Meridian) received intensive on-site technical assistance. In both cases the family of each child was very involved with each part of the technical assistance process. Both children spend the majority of their day with their non-disabled peers and receive their education in their age appropriate, general education classroom.

The technical assistance process has involved observation, conducting MAPS sessions, attending and facilitating regular planning meetings, on-site followup, program writing, and video taping. There were several outcomes of this kind of intensive technical assistance. First, functional teams were formed around each of the children who began to meet, plan, and brainstorm on a regular basis. Second, video tapes that were made led to presentations by one of the children's mother and teaching assistant at the Chicago TASH conference in 1993. Video tapes taken of the other child have been expanded and made into a film series call You and Me. In collaboration with the TRACES project a five part series is being produced to include information on educating children with deaf-blindness in general education settings, the role of the interpreter-tutor, communication, orientation and mobility, and developing and maintaining social networks. A manual will accompany films two through five. Films one and two have been distributed to 307.11 project coordinators throughout the country.

These two children are indeed being educated, and are "included" as a member of their age-appropriate, general education classroom and school. Their families, various teaching assistants, and school personnel have all contributed to the success of their programs. As a result a

"process" has been created in which people are more able to make decisions about these children's programs. That process has made these effective school sites.

Activity 2.1.1. Solicit participation of schools to participate as an effective practice site.

This activity was completed in that each of these schools has worked with the project for several years.

Activity 2.1.2. Assess needs of staff, students, and families

This activity was done by conducting MAPS sessions with students, families, and school staff. The needs of the student and staff were naturally assessed through this process. Action plans were then developed to meet the needs of the child, staff, and family

Activity 2.1.3 Assist in developing and implementing programs which meet the needs of students within the context of general education settings

During the summer of 1993 a transdisciplinary team was formed as part of the project services. The team includes an audiologist, an occupational therapist, a speech and language pathologist, a vision specialist, and an educator. Since the summer of 1993 the team has traveled to six location in various parts of Idaho. The team typically spends a full day or two observing the focus student. Followup consists of training staff, conference calls, followup visits, and user friendly written reports (see Appendix A and D). The team has been effective in helping educational personnel design programs and appropriate instruction for children. Evaluations of the team process have been very positive. The team continues to be a part of the project as the new grant cycle begins.

Objective 2.2 Develop and sponsor a series of mini-workshops for professionals.

The original thought in developing a "series of mini-workshops" (half-day) was two-fold. First, mini-workshops would happen on a regular basis, and second, people would retain more information if it was given in small amounts. Although the project still considers this as effective training strategy it has been difficult to accomplish for several reasons. The project budget has severely limited travel to locations throughout Idaho on a regular basis. Air travel within Idaho is very expensive and driving, particularly in the winter months, is difficult at best.

In place of the ongoing mini-workshops the project has sponsored two to five day summer workshops. In June of 1993 the project collaborated with Diane Baumgart, Ph.D., Associate Professor of Special Education at the University of Idaho, to sponsor a five day workshop on physical and medical issues as they pertain to children with multiple disabilities including those with deaf-blindness, in educational settings. The workshop was conducted by Donna Lehr, Ph.D. from Boston University. Dr. Lehr presented the information from Moscow (400 miles from Boise) and the classes were transmitted down the Micron Technology Center at Boise State

University. Participants in the Boise area were able to watch Dr. Lehr on a large television monitor and ask questions via interactive speakers. 55 teachers, parents, administrators, and support personnel participated in this workshop.

In August of 1993 the Idaho Project collaborated with the Specialized Training Program from the University of Oregon to sponsor a three day training on strategies for including students with disabilities, including deaf-blindness, in general education settings. 40 participants, including parents, administrators, support personnel, and teachers attended the workshop.

In August of 1994 the project brought in Tanni Anthony, Ed.S. from the Colorado Department of Education to conduct a two day workshop entitled Sensory Loss and the Early Years. That workshop presented information about different types of vision and hearing loss. Participants learned about the characteristics displayed by young children with a sensory loss and the factors that put children at-risk for a vision and/or hearing impairment. Participants discussed the impact a sensory loss has on cognition, communication, socialization, fine motor, gross motor (including orientation and mobility), and self help skills. Participants were able to observe Tanni interaction and demonstrating a play based assessment with a four year old boy who had a sensory loss. 45 parents and professionals attended the workshop.

Because Tanni's workshop had been so well received the Idaho Project brought her back to conduct two more workshops in June of 1995. She repeated the information in Pocatello (southern Idaho) where there were 50 participants and in Moscow (northern Idaho) where 29 people attended the two day session. As had happened the previous summer a child with a hearing and vision loss was available to participate in a play based assessment with Tanni. Video tapes were made of each of the children and are available for teachers and parents to check out through the project library.

Activity 2.2.1 Conduct an annual needs assessment

Annual needs assessments are conducted with professionals in several forms including written assessments (see Appendix B), evaluations of previous workshops, telephone requests, and on-site visits.

Activity 2.2.2 Develop an information series of mini-workshops from the assessed needs.

Refer to Objective 2.2

Activity 2.2.3 Select mini-workshop presenters

Presenters were selected based on their experience and expertise in the target area. TRACES has been helpful in making suggestions about potential presenters.

Activity 2.2.4 Conduct mini-workshops

Refer to Objective 2.2

Activity 2.2.5 Evaluate and revise series for following year

Evaluations forms were given to participants after each of the workshops. Evaluation results can be found in Appendix E.

Objective 2.3 Develop a video, toy, and materials lending library.

The project has accumulated a library of videos, books, and manuals. A catalogue of these items can be found in Appendix F. The toy library was discontinued for lack of use.

Activity 2.3.1 Develop a catalogue of library toys, videos, and materials.

Please refer to Appendix F
Activity 2.3.2 Mail catalogues to teacher and other service providers

Catalogues are mailed upon request or distributed at local conferences

Activity 2.3.3 Mail materials to professionals

Materials are mailed upon request. Over the past three years there have been forty five requests for library materials.

Activity 2.3.4 Evaluate lending library

An evaluation form is sent out with each item. Information from the evaluation forms is used to make decisions about future materials.

Objective 2.4 Publish a newsletter three times a year

The Idaho Project Newsletter (See Appendix G for latest newsletter) has been published three times a year. The newsletter contains information for parents, teachers, and other service providers. The newsletter is mailed to over 700 individuals throughout Idaho and other parts of the United States.

Activity 2.4.1 Publish newsletter in fall, winter, and spring of each project year

See Objective 2.4

Activity 2.4.2 Mail newsletters to families, educators, and other service providers on project mailing list

See Objective 2.4

Objective 2.5 Provide information to the Idaho Project Advisory Board regarding project activities

The Idaho Project board consists of two parents as well as a representative from TRACES, the Idaho State Department of Education, the Idaho School for the Deaf and the Blind, Part H (the Idaho Infant-Toddler Council), Maternal and Child Health located on the Fort Hall Reservation, a University of Idaho professor, a school administrator, a classroom teacher, a representative from the Idaho Migrant Council, a counselor for the Idaho Commission for the Blind, and the director of the Council on Developmental Disabilities.

Activity 2.5.1 Facilitate conference calls twice a year with board members

Conference calls have been conducted several times a year with board members across the state.

Activity 2.5.2 Send updated information regarding project activities to board members

Board members are sent information regarding proposed project activities and asked to given their advice and feedback. The activity is ongoing.

GOAL 3.0 The Idaho Project for Children and Youth with Deaf-Blindness will provide information, training, and resources to the assessed needs and requests of families of infants, toddlers, children, and youth including those from underrepresented groups with deaf-blindness

Objective 3.1 Develop and sponsor a series of regional mini-workshops for families

Due to financial and logistical constraints this objective was difficult to complete. A day long conference was held in May 1994 in Idaho Falls, Idaho for families and professionals that families invited to come with them. 10 families and eight professionals participated in the session which focused on the area of communication for individuals with deaf-blindness.

Families are always invited to trainings sponsored by the project in different parts of Idaho. For example, parents from the project have attended each of the summer institutes.

The project has also presented at the Annual Idaho Parents Unlimited (IPUL) conference that is held each fall.

Activity 3.1.1 Conduct an annual needs assessment of families

A needs assessment has been mailed to families in the fall of each project year. See Appendix C.

Activity 3.1.2 Develop a series of mini-workshops form the assessed needs

Although the mini-workshops were not accomplished the summer training agendas were developed around the assessed needs of parents and teachers.

Activity 3.1.3 Select mini-workshop presenters

See Objective 3.1

Activity 3.1.4 Conduct mini-workshops

See Objective 3.1

Activity 3.1.5 Evaluate and revise series for the following year.

See Objective 3.1

Objective 3.2 Support the training of family members in three regions of Idaho to act as parent consultants to other families in their regions

Three parents in three regions of Idaho acted as parent consultant for their particular region.

Activity 3.2.1 Solicit members of three families in the three regions of Idaho to act as parent consultants

Refer to Objective 3.2

Activity 3.2.2 Train family members in conjunction with regional teams

Family consultants were provided support and information according to particular needs

Objective 3.3 Create an Idaho Project Consumer Board

This objective was not met in the formal sense of creating a board. Consumers including students with deaf-blindness, parents, teachers and other service providers are asked to have input into and evaluate all project activities.

Activity 3.3.1 Solicit participation on the Board from consumers throughout Idaho who are receiving training and technical assistance from the project

See Objective 3.3.1

Activity 3.3.2 Mail satisfaction and feedback questionnaires to each board member in the fall and in the spring of each project year

See Objective 3.3.1

PROJECT ACCOMPLISHMENTS

During the 1992-95 grant period the Idaho Project for Children and Youth with Deaf-Blindness has made several major contributions which have impacted the lives of individuals with deaf-blindness in the state of Idaho.

1. Idaho Project Transdisciplinary Team - The development of the Transdisciplinary Team has been an important part of the project's ability to offer technical assistance. The team consists of an occupational therapist, a speech and language pathologist, a vision specialist, an audiologist, and a special educator. Families and service providers who work with children on the project census are eligible for services from the team. The team travels to the location where the child lives and spends one-two days observing the child and teacher, interviewing family members, teachers, educational assistants and other support personnel, reviewing the child's file, and meeting with the child's team members. The philosophy of the Idaho Project Team is that children should be assessed and instructed in a holistic manner, rather than one part at a time. At the conclusion of the visit an action plan is written with the team. A report is also generated by the team as a whole and sent to the focus child's family and teachers. Followup activities are designed according to request and need. Some followup activities have included additional on-sites visits from one of the team members who lives close to the child, followup conference calls with the team that are conducted on a monthly basis, additional written material and videos.

It was the intention of the team to generate a report for school personnel and family members that was "user-friendly," that is, one that people could understand, refer to, and use. Most of the reports the team members find in student files are perhaps filled with good suggestions but written in a formal and often unusable style. Teachers and assistants rarely read these kinds of reports. As you can see from looking at Appendix A and Appendix D the project team has written reports in a different way. We have questioned teachers and family members and received positive feedback as to the manner in which the report was written. The team continues to be a critical part of the project and hopes to offer training on what we have learned to other teams in Idaho.

2. Summer Trainings - The summer trainings (see Objective 2.2) were developed in place of the mini-workshop concept that was originally written in the grant proposal. The trainings have been very well received and looked forward to by participants throughout the state. Logistics and money have prevented the project from conducted more that one or two large trainings in the summer months. From the project's perspective this has proved to be a wise choice given people's time constraints during the school year. The trainings have been very well received and followup information from both parents and professionals indicate that there has been an impact upon the lives of children in classrooms and homes.

3. Film Series - Over the past several years the project has been involved in the development of a film series entitled "You and Me." The series focuses on the education of a boy named Riley Ford who is totally deaf and totally blind. The series includes an overview film on Riley's education

with his classmates at Valley View School, the role of his interpreter-tutor, Riley's communication system, his orientation and mobility, and his social networks. Films two through five will be accompanied by manuals. The series is being distributed by Teaching Research to each of the 307.11 coordinators in the United States.

4. Technical Assistance - The technical assistance offered by the project has been helpful to teachers and families on the project for several reasons. First, it has given information to teachers and families about a particular child. It has been a resource when there has been no other resource. It has supported both families and teachers in times of crisis from diverting potential legal battles to helping create communication systems when there were no other supports. The project's technical assistance has also taught people different strategies that they could use again and again. Strategies like MAPS, and teaming building and communication techniques have proved to be invaluable for school districts that have no access to inservice training or consultants on a regular basis.

PROJECT ISSUES

The issues associated with the project have mainly pertained to time and money. It has been very difficult to carry out all of the project's original goals and objectives given the size of Idaho and one staff person who was working three-quarters time. The budget for this project also limited completing all of the proposed activities. Given that statement, it is important to know that over the past three years the project of staff (1) has learned a good deal about how to make the most of a given amount of money and impact that largest number of people. For example, it is much more cost effective to conduct a large summer training in two parts of the state than to conduct small mini-workshops over the course of the year. It attracts more people, it can be given for credit, people have a chance to problemsolve and meet other people.

The project also had to deal with the geography of the state when trying to think about and carry out trainings and other activities for parents. Families are live in everything from tents on mountain tops to apartments above a 7-11. Some families are very involved in the education of their child and therefore very responsive to trainings and information.. Other families do not want anything to do with their school districts let alone a federally funded project (Remember, this is Idaho!). On the other hand those families are all on the project mailing list. They are given information on a regular basis. Also, the project has now been around long enough and their children have been on the census for a time. They know they have access to the project if it can be helpful to them..

The proposed consumer board was never developed for some of the reasons stated in Objective 3.3. Although the board was not developed in a formal sense the project considers the consumers of each technical assistance visit and each training all members. There is a constant and ongoing interaction with these people. All of their suggestions are used to evaluate the project activities.

Finally, the project has not done as well as it would like with the Native American population in Idaho nor the Hispanic population. For both these populations distance is an issue. All of the reservations are located a long distance from the base of the project staff. Although not an entirely effective excuse it does make a difference when people are in need of constant and ongoing technical assistance (This issue does not just pertain to underrepresented groups but is a constant problem throughout the state) some of this issues has begun to be addressed recently through the type of report that was written (See Appendix D). The location of this child's site was so far away from any of the team members that we literally scripted out what the school staff should do and say for this particular child. We are following this up with monthly telephone conferences. So far it has worked. The staff was very happy with this kind of long distance technical assistance. This may be a way to address issues on the reservations and within the Hispanic communities.

Another issue related to serving Native American populations and the Hispanic community is cultural. For example, in the fall of 1994 the director of the Idaho Project made a visit to the Fort Hall Indian Reservation in Fort Hall, Idaho. That is about 200 miles from Boise where the project base if located. The director spent the day with the director of Maternal and Child Health, visited programs, met the head of the Tribal Council, ate a buffalo burger at the local restaurant, and conducted a small inservice on the project and what services we might offer to the reservation. It did not take long to learn that the process of making decisions on the reservations is very different for the reservation. That is, all decision regarding training and technical assistance are made by the Tribal Council not by the individual people who work on the reservation.

An initial contact was made with the Idaho Migrant Council and visit was made to their Head Start Programs. Information, including brochures and fact sheets in Spanish, were sent to contact people. Initial plans were also made to perhaps develop some information sessions on sensory impairments for parents of children at the Head Start program. Again, some of the stumbling blocks involve the transient nature of the field workers whose children attend the school and their belief that things like vision problems have to do with witchcraft.

The project continues to try and figure out ways to work with both the Migrant Council and the reservations throughout the state.

PROJECT IMPACT

Over the past three years the project has conducted summer trainings and inservice sessions for approximately 1500 people. The project provided services for teachers and families in some 40 schools and child development centers. Additional contacts include followup on-site visits, telephone calls, and information sent from the project library. Collaborative efforts with the Idaho Department of Health and Welfare, specifically the Idaho Infant Toddler Council, the Idaho State

Department of Education, the Idaho Council on Developmental Disabilities, Easter Seals, Idaho Parents Unlimited (IPUL), and numerous schools in Idaho have resulted in people in these agencies as well as the general public being more aware of people with deaf-blindness. This awareness has led to collaborative activities with these agencies that benefit children with deaf-blindness and their families.

Project products include facts sheets in English and Spanish, newsletters, films, flyers, a project brochure in English and Spanish, and workshop videos. A sample of items is included in Appendix H. The videos can be accessed through the project director.

INFORMATION ACCESS

Further information can be accessed from:

Robin Greenfield, Ph.D.
Director
Idaho Project for Children and Youth with Deaf-Blindness
800 Park Blvd.
Boise, Idaho 83712

and

ERIC/OSEP Special Projects
ERIC Clearinghouse
Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

ASSURANCE STATEMENT

This final report for the project period October 1, 1992 through September 30, 1995 has been sent to:

ERIC/OSEP Special Projects
ERIC Clearinghouse
Council for Exceptional Children
1920 Association Drive

Reston, VA 22091

on January 10, 1996.

Director
Idaho Project for Children and Youth with Deaf-Blindness

January 10, 1996
Date

APPENDICES

Appendix A - Transdisciplinary Report

CURRENT EDUCATIONAL STATUS:

is currently a student at Mackay Elementary School. He attends the first grade class for approximately 1 1/2 hours each day. He spends the remainder of the day in the school resource room. has been assigned a one-on-one assistant.

ASSESSMENT PROCEDURES:

The Idaho Project team observed on November 18, 1993 in the resource room, playground, and hallway of Mackay Elementary School. was also observed on the November 18, 1993 in the rest room by Gail Brown, the occupational therapist. On November 19, 1993 was observed at his home as he prepared to leave for school, in the first grade classroom, and in the resource room.

A MAPS (McGill Action Planning System) session was conducted for on November 19, 1993 at the Mackay Elementary School. Those in attendance were mother, the principal, Mr. the resource room teacher, Ms assistant, the speech assistant, and members of the Idaho Project team, Gail Brown, Debra Towsley, and Katherine Lloynd. The session was facilitated by Robin Greenfield.

The assessment process is ongoing. In the future team members will conduct individual assessments according to each team member's discipline as well as continue to assess with other team members.

CURRENT RECOMMENDATIONS:

Because a transdisciplinary approach advocates a collaborative effort with regards to assessment and program development, the recommendations that follow have been designed to embed skills within Clifton's routines and activities.

There are four areas that the team concluded were priority areas for at the present time. These areas include communication (both receptive and expressive), mobility, choice-making, and developing some friends his own age. These priority areas were chosen as a result of the team's observation, the MAPS session, and interviews conducted with both the teaching staff at Mackay Elementary and Mrs.

In an effort to be reader-friendly the recommendation format will consist of a particular routine or activity, general comments about the routine or activity, and specific recommendations and questions for the team to consider as they develop and expand on current program.

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ACTIVITY: ARRIVAL

COMMENTS: Since rides the school bus it would be nice if he could walk into the school with the other children. His assistant could meet the bus and walk with and the other children.

RECOMMENDATIONS:

-Walk into school through the front door with peers and assistant.

-Greet peers with "hi" or "hi (name of child)"

-Hang coat up in first grade classroom.

-Converse with assistant, teacher, or peers about happenings in the environment

-Walk to schedule box and go through activities of the day (see attached information on creating a schedule box and suggestions for items in box).

Note: When you are designing a schedule box it is very important to be a good observer. That is, be sure you put objects/symbols in the box that are meaningful to , not to you. For example, a spoon might seem the logical choice to designate lunchtime, but a cup might be the symbol that Clifton associates with lunch.

-Walk to restroom (if that is the first activity after arrival) or locate his seat or spot on floor for opening.

QUESTIONS FOR TEAM:

Can use his walker to walk into the school?

Could a "cool looking" pouch be attached to the walker to carry school items?

Are there other kids from the first grade that can walk into school with him?

Is there a specific place in the first grade classroom where 's schedule box might be located?

Should go to the restroom first or go through the schedule box first?

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8:45 OPENING

COMMENTS:

As your team considers 's priorities for the year it is important for you to ask if and how these needs are being met within the context of the day. What opportunities are created through each activity to practice a needed skill. How might use his strengths to support his participation in an activity?

You might want to consider looking at the different materials in the first grade and how you might use them differently to accomplish 's personal goals and objectives. For example, during our initial observation was involved in a color, cut, and paste activity in the first grade. Ask yourself what the purpose of 's participation in this activity? Mrs. indicated that she did not particularly care if brought home a "finished product" but would rather he have more interactions with the children at the table, practice mobility skills, etc. Part of your team meeting discussion can be dedicated to clarifying some priorities for family and teachers during this first grade time.

As we observed the first grade and talked with the teacher we noticed that there were several opportunities for to have a choice in either an activity or materials. Potential choices might include - books he might want to listen to on tape, visual cues (choice of crayons, materials, etc.) What other opportunities are there during this time for to make a choice?

It may be to your advantage to have some materials pre-cut since activities like the color, cut, paste are so arduous for The purpose of cutting is strengthening his hands so using stiffer paper might make sense. Some materials could also sometimes be pre-cut and could glue the animals on the sheet.

RECOMMENDATIONS:

- walks to the opening activities at the circle

- is positioned so he can see and hear the teacher and other students

- sits independently as much as possible during circle time

Note: This is a good time to practice a sitting position. It also is a time when his assistant does not necessarily need to be right next to him.

-Involve him in passing out materials like the other children - papers, crayons, etc.

-Develop adapted materials (e.g. large print numbers, clock with rotating hands) for him to use during circle time. Have peers or teacher assist him.

-Consider using a slant board to accomdate for vision during activities at table. (Note: We will send you a video)

-Encourage choice making.

-Name, label, describe object and materials while working with them to encourage vocabulary development.

-Establish some routine communication exchanges - for example, always greeting the other students at the table.

-Encourage appropriate verbalization - for example, "May I have....please, "I want ....., "Please help me....

-Prepare _____ for transitions. Let him know what is going to happen next by talking to him, having him go to the schedule box, paying attention to the activity around him with his vision and hearing.

QUESTIONS FOR TEAM?

Are there other times can be in the first grade classroom other than opening?

What kinds of opportunities are there in the class to embed his language and therapy goals?

What kind of assistance does the team need?

REST ROOM

GENERAL COMMENTS: Because this is something that happens several times a day it becomes a good teaching time. We recommend you establish a routine involving certain procedures such as locating the restroom, pulling open the door, closing the door, pulling his pants down and up, washing his hands. This is another excellent time for describing, labeling and communication with Not only is this promoting long term independence with regards to using the rest room but also in terms of language development.

RECOMMENDATIONS:

-Develop a bathroom schedule/ask what happens she does at home?

-Develop a more conventional way for to let or his teacher know he has to use the rest room - a sign perhaps or an appropriate vocalization.

-Use walker, whenever possible, to walk to to restroom.

-Use the restroom as a teaching opportunity for things like opening doors, washing his hands - including turning on and off the water, use a pump bottle for soap, and drying hands.

-Teach functional skills like turning on and off the lights in the rest room.

-A great time for interaction and conversation.

QUESTIONS FOR TEAM?

Could use pull-ups instead of diapers? What does Mrs. Webster do at home?

Could be given time to attempt independent behaviors?

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SNACK

Snack is a natural time for children to make choices and for teachers to respond to their spontaneous communication efforts. Be sure to seize the "teachable moments" during this time - for example, if spills the juice - embrace the moment as a time for conversation and interaction not a disaster!

RECOMMENDATIONS:

- walks to table for snack.

-He helps get snack items - include several so he can make choices during this time.

- helps set table, wash plates at conclusion of snack.

-Create opportunities for to request "more" of some snack item rather than always asking nim - a time delay.

-Describe taste, texture, likes and dislikes - find out what he doesn't like - encourage verbalizations.

-Create language activities involving food - for example, make pudding together, decorate cupcakes.

QUESTIONS FOR TEAM:

-Could have his snack in the first grade room?

-If not, is it possible for a peer to have a snack with in the resource room - kids could rotate each day.

-Does need a snack time or could he carry a cup in a pouch on his walker and use if throughout the day when necessary?

-If snack has to be after snack could music be played as a reinforcer?

LANGUAGE

GENERAL COMMENTS:

Language is a skill that is embedded throughout the day within every activity and routine. If your team decides to keep this particular time in the schedule we have come up with some additional suggestions that perhaps will be helpful to you.

First, we suggest using more meaningful objects to promote 's language. For example, favorite age-appropriate toys (Ninja turtles), toys that make sounds and encourage to use his vision and hearing, familiar household items. Again, Mrs. should be very helpful in this area. What does like at home? This is again a nice time for choice making - what would like to talk about?

The big red switch could be used with toys borrowed from the UCP lending library in Boise. They have an extensive list of items you can borrow for several weeks at a time.

The team also felt that since music is not only such a reinforcer for but a way to stimulate language and encourage some independence it might be an appropriate goal to teach to use a tape recorder - that is select a tape, put it in the tape recorder, turn on the tape recorder, listen to the tape and return the tape to the box. The team might want to consider looking at a tape recorder that has buttons which are easier for Clifton to push.

RECOMMENDATIONS:

-Play with age-appropriate toys - noisy, visually appealing, providing choices, and requiring verbalization for selection. Play with appropriately by himself and with other children.

-Think of activities to expand his language including parallel talk/play.

-Use food/baking as basis for language development. Decorate with colors, texture.

-Make things like collages with macaroni, gummi worms, etc. on construction paper.

-Make a science project using materials like baking powder, vinegar (smell, taste) bubbles, etc.

-Encourage comments, requests, labeling, description and **follow his lead instinctively during this time**.

HAVE FUN !!!!!!!

QUESTIONS FOR THE TEAM:

Think about what you are **all** trying to encourage during this time? Talk about this during one of your team meetings.

Is this activity and the items you are using during this time meaningful to ? Will they be important in the future?

Are there other things you might try during this time to encourage language for ?

What kind of progress are you seeing? How do you know? How would you tell other people?

Are you seeing use and expand his communication and language skills across the day in other activities?

LUNCH

GENERAL COMMENTS:

Lunch is another nice time to embed a number of skills including choice making, language, vision, hearing, fine motor, independence, mobility, and general socialization with peers and teachers.

RECOMMENDATIONS:

-(Ideally) Walk to lunchroom with classmates.

-Talk about what is for lunch.

-Independently eat/cut food, clean up spills, wash hands (before and after eating).

QUESIONS FOR THE TEAM:

-Is it possible for ı to accompany the high school student to the cafeteria to help pick up his lunch tray? If he were to eat with other children - could he stand in line for milk?

- could put the milk carton in the pouch attached to his walker. (Note: Oral stimulation could be done upon his return from the cafeteria and right before he eats.)

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THINGS TO THINK ABOUT BEFORE AND DURING EACH ACTIVITY?

-Is using his hearing aides? Why not? What do we need to do to help him use the hearing aides? Who is responsible for making sure they are working and he is using them?

-Are the appropriate people using the auditory trainers? Are they in good working condition? Who is responsible for making sure all equipment is working properly?

-Is . walking to each activity? If not, why not?

-Am I aware of 's visual attention during the activity?

-Is positioned so he gains - auditory and visual

-Does have a choice regarding activities or during the designated activity?

-Are teachers and students talking with ? How does he respond?

-How is interacting with other students and teachers?

-What are the naturally occurring opportunities during the activity for to communicate?

-Have we created opportunities for to initiate interactions?

-Are we paying attention and responding to 's spontaneous communication efforts?

-Are we giving enough time to respond to our questions and demands?

-Don't forget the "teachable moments" throughout the day

-How is the team communicating with one another?

-Is the team having fun???? Why, or why not?

-Is the team reinforcing itself for the progress it is making? You need to give yourselves a pat on the back.

-What else do you need?

-Is a prompt hierarchy being used?

-Are you problem solving with one another in a positive way?

-How are you planning for 's transition into 2nd grade?

A few wording on the art of teaming.....

I sent you several forms that I thought might be useful for your team. Although sometimes people think it is time consuming it is important for your team to have some structure, some norms, and ways to resolve conflict in a positive way. Here are some things you might think about.

1. Think about who the core team members need to be - possibly Ms. K, . How often does feel she needs to be at your meetings? You might want to begin having her at every meeting as you begin to choose some items to try then gradually as you are all more comfortable with your team she may attend every other meeting or once a month. The first grade teacher is certainly a key member of the team but it may not be necessary that she attend all of your meetings.

You also want to think about who is on your extended team, that is people who do not attend the meetings all the time but are important to 's program for example, the physical therapist in Idaho Falls. Mr. . as the school administrator, would probably be considered an extended member of the team. Team members might be added or leave depending on what is happening in 's program.

2. Develop some team norms, for example - team will meet weekly for a month (with the intention of meeting bi-weekly or monthly), meetings will last for half an hour, every team member is equal, we will have an agenda, we will takes meeing minutes, we will rotate the meeting facilitator position, we will not interrupt each other, etc. Some teams meet outside of school, some bring food.

3. As you review the recommendations - choose several you as a team want to work on. You don't need to try everything all at the same time. You do want to have plan of how you will add things, what will be next? What will be the criteria for changing things?

4. What do you need from the Idaho Project to implement some of the things you want to try????

5. I have enclosed two other things in this packet - one is called a "problem-solving capsule" - I would recommend that at one of your meetings you choose an issue and try this out. It is fun to do and very productive. Last but not least I have enclosed something I ran across in Vermont last week - thought it might be helpful to have a good laugh or two up there in the cold of Mackay.

Appendix B - Teacher Assessment

Idaho Project for Children and Youth with Deaf-Blindness
Survey

To help us in planning the activities for the next year, please answer the following questions, fold it in half with our label showing, and mail it back to us. No postage is needed!

Demographics

Area(s) of Certification _____

Do you feel you are adequately trained to work with children with dual-sensory impairments? Yes No

I currently work with _____(number) of students with dual-sensory impairments.

Content & Level

Please rank the top five of the following topics according to your need for more information. The item for which you need the most information should be given a "1". The item for which you need the next most information should be given a "2," etc. Then rate the level of training you wish by circling the letter to the right of the items you ranked (I = Introductory level, B = Basic Implementation Strategies, and A = Advanced Implementation Strategies).

Rank		Training Level		
	Topics	Introductory	Basic	Advanced
_____	Community Based Instruction	I	B	A
_____	Ecological Assessment Procedures	I	B	A
_____	Functional Curriculum	I	B	A
_____	Functional Hearing Assessment and Training	I	B	A
_____	Functional Vision Assessment and Training	I	B	A
_____	Increasing Integration Opportunities	I	B	A
_____	Medically Fragile Students	I	B	A
_____	Nonaversive Behavior Management	I	B	A
_____	Nonsymbolic Communication Strategies	I	B	A
_____	Orientation and Mobility Techniques	I	B	A
_____	Team Collaboration Strategies	I	B	A
_____	Transition to Adult Services	I	B	A
_____	Ushers Syndrome	I	B	A
_____	Vocational Training	I	B	A
_____	Other_____	I	B	A

Ways to Learn

The following are ways you might like to learn. Circle the number for each statement that tells how much you like that way of learning.

Dislike	Like a little	Like	Like more	Like very much
1	2	3	4	5

Read written materials	1 2 3 4 5
Take a course for credit at a local school, college, or university	1 2 3 4 5
Watch a videotape	1 2 3 4 5
Watch a specialist work with my student in my room	1 2 3 4 5
Watch a specialist work with a student similar to my student	1 2 3 4 5
Watch videotapes of myself practicing with my student	1 2 3 4 5
Have someone talk to me about how to interact with my student	1 2 3 4 5
Attend a weekend workshop	1 2 3 4 5
Attend a workshop during the summer	1 2 3 4 5
Other_____	1 2 3 4 5

If you would like to be on our mailing list, please complete the following:

Name: _____

Address: _____

City, State, Zip: _____

Information for this form was kindly supplied by Great Lakes Area Regional Center for Deaf-Blind Education.

Appendix C - Parent Assessment

Idaho Project for Children and Youth with Deaf-Blindness
Family Survey

To help us in planning our activities for the next year, please answer the following questions, fold it in half with our label showing, and mail it back to us. No postage is needed!

Content & Level
Choose five topics you would like to learn more about this year. Rank topics in order of interest 1-5.

Rank	Topics	Rank	Topics
_____	Behavior Management	_____	Etiologies Related to Hearing and Vision Loss
_____	Communication Strategies	_____	Home Strategies for Young Children
_____	Community Based Instruction	_____	IEP, What is it?, How can it Work for Us?, etc.
_____	Curriculum Ideas	_____	IFSP, What is it?, How can it Work for Us?, etc.
_____	Dressing Skills	_____	Sibling Issues
_____	Eating Skills	_____	Strategies for Working with Schools
_____	Medical Issues	_____	Transition to Adult Services
_____	Vocational Training	_____	Wills and Guardianship
_____	Sexuality Issues	_____	Developing Play in Children
_____	Developing Leisure/Recreation Skills	_____	Strategies for Including Students in General Education Settings
_____	Collaborative Teaming		
		_____	Other_____

Ways to Learn
The following are ways you might like to learn. Circle the number for each statement that tells how much you like that way of learning.

Dislike	Like a little	Like	Like more	Like very much
1	2	3	4	5

Read written materials	1 2 3 4 5
Take a course for credit at a local school, college, or university	1 2 3 4 5
Watch a videotape	1 2 3 4 5
Watch a teacher work with my child	1 2 3 4 5
Meet with other families	1 2 3 4 5
Attend a weekend workshop	1 2 3 4 5
Attend a family weekend which would include activities for all family members.	1 2 3 4 5

_____Other (Please explain)_____

We would appreciate a current address to update our mailing list in an effort to keep you informed of the project's activities.

Name: _____

Address: _____

City, State, Zip: _____

Information for this form was kindly supplied by Great Lakes Area Regional Center for Deaf-Blind Education and the Nevada Dual-Sensory Impairment Project.

----------Please Fold on This Line----------

and tape together on the bottom
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IDAHO PROJECT FOR CHILDREN AND YOUTH WITH DEAF-BLINDNESS
800 PARK BLVD.
BOISE, ID 83712

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Appendix D - Transdisciplinary Report

IDAHO PROJECT FOR CHILDREN AND YOUTH WITH DEAF-BLINDNESS
TRANSDISCIPLINARY TEAM REPORT

CHILD'S NAME:

SCHOOL:

TEACHER:

PARENT:

DATE OF TEAM OBSERVATION: November 13-14, 1995

TEAM MEMBERS: Gail Brown, OTR/L; Debra Towsley, M.S., CCC; Jeff Brockett, M.S., CCC-A; Katherine Welsh, M.S.; Robin Greenfield, Ph.D.

****

The following information is a summary of each individual team member's observation and interaction with . diagnosis includes prenatal encephalopathy. Resulting complications include deaf-blindness, cerebral palsy, mental retardation, and seizures.

Speech and Language Pathologist - Debra Towsley, M.S., CCC

has many strengths regarding communication. She has the ability to express 'eat' and 'drink' appropriately by using sign language which indicates knowledge of symbols for language, cause and effect, use of contrasting symbols to indicate meaning, and an indication of want and need; to indicate 'dislikes' by being non-compliant, whining or pushing away; and to indicate 'likes' by reaching or receiving an object. within the classroom, some communicative programs have been put into place. They include use of touch cues, teaching specific words in sign language, and use of symbols for communicating transitions into activities. These programs are evidence of how important the staff have regarded communication in life. This is very encouraging. It is proposed that these programs be continued, but with different methods of implementation.

An initial caution to be simple and to start with only one to two symbols, signs, or transition cues to begin with, so as to encourage basic levels of ability before including an array of concepts, which might confuse her.

Occupational Therapist - Gail Brown, OTR/L

has a very nice new wheelchair which fits her well and supports her nicely. She has a walker which has been adapted with a wide strap to prevent excessive adduction (legs crossing) during ambulation. She also has bilateral ankle foot orthosis (AFO's) which appear to fit her well at this time.

When was placed in standing with her bottom resting against the seat she was able to independently push herself up into her wheelchair using her upper extremities. She was not observed getting out of the chair.

. was able to take one large step up onto a crate to get a drink from a fountain. The school is building a two step platform for her to use at this fountain and sink.

Mrs. classroom teacher, has taken feedback from occupational therapist and translated that information into motor goals for . These goals are appropriate for with my only suggestion being to put them into a context of her daily routines, such as:

1) Prior to attending music with her peers, will use reciprocal leg movement without hyperextension of the knees, to walk to the music room (approximately 100 feet) in 20 minutes using her walker.

2) Following exercise routine on the floor, will move from the floor to a regular chair for snack. Hands are placed on the seat of the chair as a cue for her to pull to a sitting position, where she will sit for 15 minutes (snack) without assistance.

3) Following a request for a drink, will crawl to stairs using reciprocal leg movements. Her educational assistant will assist her to a standing position, with support at her hips. will go up the 2 steps necessary to get her drink requiring only prompt/cuing from the assistant by touching her knee.

NOTE: Try not to think of 's motor needs as being "separate" motor time, but rather think about how to take all those goals and work on them each day and/or week within the context of her daily activities. - where are those opportunities?

Two specific questions for team...

1) See if crawls better with her AFO's off. If so, I would certainly remove them when doing crawling activities.

2) Ask O.T. for suggestions on ways to facilitate better drinking techniques to determine if better tongue and lip function can be attained.

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The following is recommended for communication programming for

1. Scenario and routine based teaching of sign language. Example: could be involved in an activity where she explores 'objects with a purpose' with her hands. This could include a warm scented wash cloth to wash her face after lunch, or toothbrush with tasty toothpaste on it to brush her teeth, again after a snack or lunch. These are objects she will need to use for self-care, could potentially and realistically request some day for self-care (school and home), and objects she should be familiar with. Once or twice or three times a day, after snack or lunch, there could be an activity where she is taught the sign for 'wash.' She would then be taught to wash/wipe her face. Then she would be taught the sign for 'toothbrush,' then taught to brush her teeth/maybe initially chew on the brush. this would become a routine, done in the same order everyday. She will learn to anticipate the activity. Eventually she would be given the choice of which would come first, washing her face or brushing her teeth.

2. Use of <u>touch cues</u> appropriate for an activity. For example: A touch to the elbow could consistently mean movement of her body to another place. A touch to the cheek could mean introduction of something to her mouth. A touch to her shoulder could mean 'here comes a hug.' Placing your hand over hers and placing it on the wheel of her wheelchair could mean that you are going to push her in her wheelchair to an activity. Consistency and opportunity to practice are the keys!!!

3. Use of symbols to communicate with , and for , to eventually communicate with others. Example: A small piece of leather or pipe in a fanny pack to represent her wheelchair.. You would first touch elbow to indicate you are going to move her, that present her with the piece of leather or pipe to touch (may be with your assistance), then move her to the wheelchair . This lets her know what is going to happen next. Other examples might include a piece of mat could indicate that it is time for mat activities. You would touch her elbow, present her with the piece of mat to touch for her to touch (may be with your assistance), then move her to the mat. Again, this let's her know what is going to happen next rather than just being acted upon.

In addition to these kinds of symbols, a symbol or schedule/calendar box would be beneficial to create for She needs to know what will happened during the time she is at school. The calendar box can be used to not only tell , what is going to happen next, but eventually to hopefully let her choose between activities. This is a beginning place for communicating some order throughout the day and the use of symbols to signify many meanings.

4. should also have some means of identifying people in her life. Each person should have a consistent tactile name sign. For example, touching a ring on finger might be the way identifies herself. The children she interacts with should also have name signs.

Audiologist - Jeff Brockett, M.S., CCC-A

If is clear from previous testing, observations, and case history that has a hearing loss. How much of a loss is different question. It may be that it is severe and aidable but since she has reali gone her whole life without amplification, it is difficult to predict how she would do it she was fitted with hearing aides. Her head movement, her ability to reach up to her ears, and the fact that she explores object with her mouth make me a little leery of trying to put a hearing aid on her. Another idea may be worth pursuing. Vibrotactile aids are devices that convert sound into vibrations. The user wears the vibrator on the arm or chest and learns to "pair" events or activities (e.g. snack time, recess) with certain vibratory patterns. s a very "tactile" child and it may work to try this type of aid. ISDB has a couple of these devices that I think are available for loan. I will be happy to contact and talk to her about the loaning program. If it works and we see some benefit we can pursue purchasing the device (e g. through Medicaid).

Vision Consultant - Katherine Welsh, M.S.

According to an 8-10-93 ophthalmological report by Dr. 's vision loss is a combination of both optic atrophy and cortical visual impairment. Optic atrophy refers to a deterioration of the optic nerve fibers which can create a variety of visual field and acuity losses Cortical visual impairment (CVI) occurs when there is damage to the visual cortex, to the posterior visual pathways, or to both places in the brain.

Important things to remember about children who have CVI:

1. Visual attention and general performance may be quite variable. Some days are better than others. Factors that might influence performance include: fatigue, illness, medications, seizure activity, postural insecurity and unfamiliarity with an environment

2. Visual field defects may also be associated with CVI due to specific neurological change.

3. Movement cues, especially in the peripheral fields, can often stimulate a visual response.

4. Color vision does not seem to be affected. In fact, some colors (such as red, orange, and purple) appear to be "better received" than others.

5. The ability to discern shapes does not seem to be affected - although the ability to discern colors may act as a "visual assist" in the process of decoding shapes that are colored.

6. The ability to take in an entire visual picture is reduced; the child does not seem to have the capability to screen through extraneous visual information to focus on the one object of interest The child may need to lean closer to the object in order to narrow the visual field. This helps to correct the "visual crowding" effect of too much information.

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7. The use of touch as a primary learning avenue or as a means to "validate" the visual images is important to remember.

8. Seizure activity is very common with children who experience CVI, as is cerebral palsy.

As a result remember .....

*The use of touch should be a primary means of introducing information to the child. Continue to place objects near or in the child's hand(s) when presenting an item. Be careful not to startle the child with your touch.

*Reduce extraneous visual information from the child's "working/playing environment"- present one item at a time if possible.

*Familiarity of an object is extremely important. Teacher experience has shown objects that are familiar often result in increased visual attention to that object as opposed to one that might be considered more visually potent because of color or contrast. Think about what objects the child is involved with during the day and be consistent with using these same objects.

*Pay attention to any color preferences - or aversions to certain colors. Use color preferences to attract and sustain the child's visual attention

*Be aware the child might fatigue easily in situations which require visual/auditory/tactile deciphering of information. Build in breaks, and allow for extra response time before giving the child another cue.

The philosophy of the Idaho Project Team is to use children's strengths as a basis for creating educational programs. The strengths and abilities of children, as subtle as they may be, give us a starting point in which to enhance and build additional skills.

The team also believes that it is critical to gather information from a variety of sources and that the process of gather information is ongoing. The process of gathering information may include conducting a MAPS session; interviewing teachers, family, and peers; reviewing past records, and interacting with the child. Taking the time to gather indepth information about a child helps us create a more 'holistic' view of who a child is. For example, by spending part of the day with and interviewing some of the core members of her team (e.g. ; we discovered lots of things about We learned that when she is positioned correctly she can get into her wheelchair. We discovered she likes fruit snacks. We know she responds to things that are glitter. She likes water. We saw her drink from a cup by herself. We know doesn't like chocolate or having her hair brushed. We watched her touch and explore things with her hands and sometimes with her mouth. We were told that she laughs when she is tickled. We watched her as she realized her mom was sitting next to her. All of these little bits of information are valuable and become building blocks as we try and help you figure out what school day might look like.

Although we know a lot of things about , we still have some discovering to do. It therefore becomes the job of 's core team to become good observers of her behavior and what it means.

This report is written in a different, and hopefully useful way. It will literally "walk" you through major portions of a potential day for It begins by looking at the consistent routines in the day, such as: arrival, recess, lunch, changing times, snack times, departure. It then looks at how you might embed a variety of goals and objectives within those routines. The report also gives some general guidelines on how to incorporate skills is working on within other routines in the day, such as: table activities, music, p.e., library, etc.

****

8:20 ARRIVAL

This is a time when needs to know where she is, where she is going, what she needs to do. You need to be thinking about how can participate is "arrival," even if it is partially participating. For example, does she say goodbye to the bus driver? How can you teach her to respond to you when you or other people greet her? How can she help you get her coat off?

8:30 BUILDING THE DAILY CALENDAR BOX

1. After takes off her coat she needs to immediately go to her calendar/schedule box where she will help organize the morning's activities. This same thing will happen after lunch to organize the afternoon's activities.

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-The box should be located in a stationary place in the classroom. One that allows her to access it whether she is in her wheelchair or standing.

-The setting up, and going through the activities in the calendar box needs to be a daily event. The calendar box will be used throughout the day to introduce and finish each activity. will take the symbols with her to each different activity. You will need to figure out how she will carry each object. Some kids wear a small fanny pack to put the object in. The fanny pack adds another dimension and "teaching" opportunity in that needs to practice zipping and unzipping the fanny pack and putting the object inside. Other kids have little pouches on their walkers and put the symbol inside the pouch. She might use her pocket. The point is that taking the symbol with her to the activity helps know and remember where she is going. When she returns to calendar box and puts the symbol in the finished box we are teaching her that this particular activity is finished and we are going to move on to another activity.

I have enclosed a handout about calendar/schedule boxes. The young man in the example is named Todd. Although the example is the process for building his calendar box there is some good information about how they built it and use it throughout the day.

The first step, as noted in the handout, is to identify daily schedule. We have tried to help you do that in the following pages. The second step is to find objects to represent each of the different activities (Note: the objects need to represent the activity to not to the people who work with her. For example a spoon might seem like a logical object to put in the calendar box to represent lunch but for lunch might be more represented by a small bib. You will have to watch her for a while before you decide on the different symbols.) Third assistant. will prompt to feel the different symbols that represent the activities for the morning. Take the time to prompt her through each symbol. We came up with seven activities, including lunch, for the morning alone. Therefore you will need a calendar box that has seven different compartments.

A note about the calendar box: You can go to the kitchen section of a store like Kmart and find small plastic containers that are already hooked together. People use them in drawers. You can purchase several of these and glue them together so you have enough compartments. Some people build a calendar box out of wood. There are lots of different options. You will also need to purchase a "finished box" which can be a large box where the symbols go after each activity.

-You also want to pair a sign for each activity of the calendar box. You might want to just tactually review all the items in the calendar box when you introduce it at the beginning of the day then pair the sign with the object when you actually begin each activity. You decide. As you can see the environment and the activity will dictate the signs. will have lots of opportunity to practice these signs in a co-active manner. Of course, the goal is that she will begin to imitate you as you remove your hand from hers. That will take time but at least you know where you are headed.

Note: I have some films on co-active signing - let me know and I will mail them to you.

8:40 DIRECTED PLAY

1. Go back to the beginning of the calendar box and prompt (hand over hand guidance) to pick up the symbol for "directed play"
2. Co-actively sign "toy(s)" (we struggled over this one because we were tempted to use the sign "play" but decided that sign should be used for "recess" and going "to play" with the kids) takes the symbol with her.
3. Conduct the directed play activity - see suggestions below
4. Return to calendar box and put the symbol for "directed play" into the finished box and co-actively sign "toy (s) finished" to
5. Prompt to feel that the first space in the calendar box is empty and help her move her hand to the second space to get the next symbol.

Notes about "directed play"...

This is an ideal time(one of many throughout the day) to incorporate some motor goals into the routine such as:

-Working on getting independently out of her chair
-Crawling or using the walker to get into the next room (can alternate these on different days)
-Working on getting back into her chair

This directed play time is not meant as a down time for It is a time that can be used for lots of different purposes such as:

PARTIAL PARTICIPATION - can practice a reach and grasp movement to help you get the toys out of the cupboard or down from the shelf. She can also practice putting them away. She can help you open different kinds of boxes and containers, etc.

EXPLORATION - Exploring toys and other objects needs to be seem as a positive for that is used in shaping her communicative behavior. For example, if she is exploring a toy with her hands and/or her mouth you can really assist her with that exploring - help her find the different features of the toy, help her turn it on and watch her reaction, help her turn it off. Use this as a discovery time - what does she like, what other things (toys or objects) can you find that have those same kinds of features? What happens when you take the toy away?

Additional questions and things to look for: If there are lots of toys on the floor what kinds of toys does play with. Does she search for the toys ?- how can you teach her to search?

-What kinds of games can you create? If you bang something on the floor does she feel the vibration? Can you get her to imitate you? What if you bang something on your body - will she imitate you? If she does.....you have struck gold!!! Work on it here and other places.

CHOICES-How can you get to make a choice between two toys. One way might be to give her a toy you know she doesn't like and have her reject it. Then introduce a toy she does like in one hand and a toy she doesn't like in the other so she can make a choice. This is all COMMUNICATION for We want to reject and refuse. She is communicating a choice by doing so and that is great! Rejoice in rejection and figure out how you can use it to your advantage. Get rid of the idea that rejection is non-compliance!!! She is making a choice and that is a good thing.

PEERS-Are there times when other children can be included in this activity? Talk to the teachers of some of the kids that go with her to recess - even once a week would be great! Kids could rotate coming to the classroom. It is certainly worth a try.

(Note: You will need to find more toys for You might want to talk to the preschool teacher and see if you can borrow some toys. Other teachers in the school might also have some toys they want to share from home. You can also advertise in the local paper, school and church bulletins. Remember - will probably be more interested in toys that have a texture or move in some way. Be creative! You might find things around your kitchen that she can explore and play with - We can talk more about this.

9:15 We have not filled in this time because we think that if you do all the things we are suggesting you will need this fifteen minutes.

9:30 BATHROOM

- is prompted to the next symbol which is for using the "bathroom"
- co-actively signs "toilet" with
- takes the symbol with her to the bathroom
- proceeds with the bathroom routine. Think about ways might participate in what you are doing (e.g. getting out of her wheelchair and onto the changing mat, help with her pants, hold and hand you the diaper, throw away the diaper)
- reaches up and grasps the edge of the sink to pull herself up to a standing position.

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- turns on the water
smells the soap (use that nose!)
washes her hands
gets the toweling and drys her hands
returns and gets into her chair
. and return to the classroom and
smells the hand lotion
helps her rub the lotion on her hands (can pump the lotion dispenser?)
returns the symbol for "bathroom" to the finished box and signs " toilet finished"
feels that the first and second spaces in the calendar box are empty and is prompted to get the symbol from the third space which is the symbol for "snack." co-actively signs "eat" with

9:45 SNACK

- takes the symbol for snack with her to the table
proceeds with the snack routine (this is a great time for to make a choice of what kind of snack she wants) Again, how can she partially participate? Can she help you open the snack box, - open the jar?
-When is finished eating she can get a drink at the water fountain. should co-actively sign "drink" to and take her to the sink

**Remember: uses her right eye for detecting detail and her left eye to observe and detect movement and motion peripherally. Continue to experiment with materials that show foreground and background color contrast. The yellow tray is great for snack time. Are there other colors that work?

DRINK AT SINK

gets out of chair and either crawls or uses walker to move to the sink
-She climbs up the stairs
-She tactually locates water fountain and turns it on
-She gets a drink
-She descends the stairs
-She crawls or uses walker to wheelchair
take back to the calendar box and she puts the symbol for "snack" in the finished box. coactively signs "snack finished" and helps, again, go through the empty spaces and find the symbol for "recess"
co-actively signs "play" with and takes the symbol with her to the playground in her fanny pack
helps get her coat on

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10:15 RECESS

-We saw some nice interactions with the kids during this time. They thought she was great! They don't need much instruction. I would encourage them to try and identify themselves to a name sign of some kind, long hair, etc. You also might encourage them to figure out ways can participate. They will come up with some great and creative ideas. Use those kids as your on-site consultants!!

After recess:

- helps get her coat off
- puts the symbol for recess in the finished box and . signs " play finished" and prompts to get the symbol for "table activity" and co-actively signs "table" with

takes the symbol for table activities with her to the table.

10:30 TABLE ACTIVITIES

We have come up with a number of activities for this particular time. As we have stated before this is a time to work on multiple objectives.

Motor: can be assisted to get out of her chair and stand for part of the activity and sit in a regular chair for part of the activity.

Communication: ALWAYS - this is a time can choose between two things - <u>always</u> honor her request. Praise her for making it.
How can you incorporate language into these different activities? How can you incorporate a communication component into activities?

Sensory: What are all the different ways you can work to enhance 's sensory input?

Vision: Allow to make choices using eye gaze. She prefers to use her right eye for midline activities. Even a brief glance is enough to read as a choice. She can then be reinforced for making a choice.

We have included some suggestions for activities and will send you more on a regular basis. We really see this time as one where she gets a variety of sensory experiences again in a directed way. You <u>always</u> want to know the purpose of what you are doing and where it is leading. If you don't know you shouldn't do it. You can quiz one another as to why you are doing a certain activity - what do you want to get out of it - what is she practicing?

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This is also a good time to get some added information about . 's vision. Always make sure her body is in a good position. You will get more reliable information on where to position things for her to see them? Is that position consistent or does it change? Refer to the information about CVI - that will help you make some decisions.

11:00 . returns to calendar box and puts symbol for "table" into the finished box. signs "table finished" and prompts to again go through the empty spaces in the calendar box until she comes to the symbol for "toileting"

-Repeat bathrooming routine above
-Return to calendar box and put symbol for bathroom in finished box. co-actively signs "toilet finished" with and prompts to get the symbol for "lunch" and co-actively signs "eat" with
puts the symbol for" lunch" in her fannypack and helps get her coat on.

11:45 LUNCH

We would encourage you to do what you are already doing - just remembering that lunch time is a great time for communication - e.g. making choices, rejecting, requesting more in some way. It is one of the best natural teaching times of the day. It doesn't need to be a structured teaching time - it is lunch after all, but there are wonderful opportunities - you will figure out what they are.

-at the end of lunch . co-actively signs "eating finished". You may then just want to co-actively sign "play" and off she goes with the kids. I wouldn't worry about taking the symbol here. She has two other opportunities in the day to use the symbol for this activity.

12:30 CHANGE

When comes in from lunch/recess she should take off her coat, go to the calendar box and put the lunch symbols in the finished box. signs lunch and recess are finished and prompts to get the symbol for "toilet"

-Follow the routine above for "toileting"

12:40 SET UP SCHEDULE FOR THE AFTERNOON

-This is the time each day when and make up the calendar box of activities for the afternoon. This will vary with the day so will know what is going to happen each day. We have listed music, p.e., library. You will need a small symbol for each of these. Again, she will need to carry these with her in her fanny packet and put them in the finished box when she comes back from the activity.

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GUIDELINES FOR ADDITIONAL AFTERNOON ACTIVITIES - LIBRARY, P.E., MUSIC

You will need to figure out how . ' can participate in these various activities. We will be glad to problem solve with you. We didn't get an opportunity to see any of these classes so it is difficult to make concrete suggestions. There are several things you want to think about -

1. Ask yourself what skills can be practicing in the context of these different activities. For example, when she goes to music can she practice her grasp and hold using some of the instruments. Is this a time when she can attend to the vibration of some of the instruments? What social opportunities are there for ? Do you see her interact or react with the kids in a different way in these classes. How can you use this information?

Afternoon snack - refer to snack routine above

Recess - refer to recess information above

3:00 DEPARTURE

will need a symbol for "going home" - sometimes there is a piece of a blanket or a quilt - something that reminds her of home - you need to ask about this symbol - she will help you. She may have suggestions about the other symbols as well.

This is probably enough for the moment. We will talk next week after you have conducted the MAPS meeting, and reviewed this report. You will do just fine. We will figure out a regular time to conduct conference calls and then plan another visit in the spring if you would find that helpful.

Best wishes,

Sobi

INFORMATION ABOUT PLAY & TOYS

It is important that people interact with the child with deaf-blindness in a playful way. Establishing a warm, playful spirit provides opportunities for enjoyable interchanges between the adult and child. Creating a playful atmosphere encourages the child's communication and social skills. It can facilitate turn-taking and enhance new skill development.

The child with deaf-blindness needs help in learning what toys are and what to do with toys. Here are some helpful suggestions:

1. Let the child know it is playtime by using a particular blanket or quilt during this time.

2. Choose toys that are easy to move, have bright colors or contrasts, and make sounds. Put colored tape or stickers on toys (stripes, dots, patterns) or paint some of the child's objects with non-toxic paint so they are easier to see (Appendix A shows examples of adapted toys). Orange against a blue background and yellow against a black background are good contrasts. Bright toys are also more easily seen on a white towel.

3. Demonstrate to the child how a particular toy works. It may be necessary to demonstrate a number of times.

4. After a toy has been demonstrated, put the toy close to the child so that it touches his or her body. Encourage the child to reach out and play with it.

5. Allow sufficient time for the child to discover and explore toys. He or she may mouth, touch, or explore toys in different ways. Provide feedback to the child while he or she is exploring by telling him or her what he or she is doing with the toy.

6. Adapt toys so the child can more easily play with them. Attach masking tape, suction cups, or self-adhesive velcro to toys so they remain stationary. Use boundaries like a cardboard box or tray so the child can retrieve the toy. Place a toy on a towel or cloth which the child can reach and pull over to get the toy.

7. Use microswitches that activate battery-operated toys. These are useful for children who have limited motor control. Also, for these children, explore ways to attach tape onto their hand, wrist, ankle, or clothing where they have ready access.

8. When introducing a new toy, use a favorite toy along with a new toy. Place the new toy beside the favorite toy so the child must first interact with the new toy.

9. To create curiosity, change the toy in some way and note if the child is aware of the difference. Attach ribbons, bells, or different textures to the toy.

10. If the child enjoys a certain characteristic of a toy, provide the child with toys that have the same characteristics. For example, the child may like a ball because it rolls. Allow the child to practice rolling other objects like ping-pong balls, rubber balls, round and cylinder-shaped blocks, oranges, apples, etc.

11. For the child who is mobile, it may be useful to keep his or her toy box in the same place or to use a specific cupboard space for his or her toys.

The play and toy activities that follow focus on materials that can be found in the home. One section is devoted to commercial toys that are available for children with deaf-blindness.

5. Communicate to the child throughout the activity. Use the same vocabulary over and over. Gradually introduce new vocabulary.

6. Give the cue that the activity is finished.

Other Ideas

1. Use socks instead of mittens. Put ribbons, buttons, or pom poms on a contrasting color of mitten or sock.

   [Note: Make sure the child does not put the pieces of material (that make the face) in his or her mouth.]

2. Use patterned mittens or socks.

****

ACTIVITY:
PLAY DOUGH

Purpose

To increase the child's interaction with objects.

Materials

Play dough, hard surface, add extract to play dough for pleasant scent.

What To Do

1. Put the child in a sitting position.

2. Cue: Assist him or her in touching the play dough and smelling the play dough.

3. Help the child roll the play dough into a ball.

4. Assist the child in poking holes in the play dough.

5. Communicate to the child about what he or she is doing throughout the activity. Let him or her know how well he or she is doing. Choose key words/signs to use over and over again. Gradually add new vocabulary.

6. Give the cue that the activity is finished.

Other Ideas

1. Assist the child in pressing the play dough. Assist the child in rolling long snakes of play dough.

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ACTIVITY:
WATCH THE MOBILE

Purpose

To encourage the child to watch the mobile (for the child with some vision).

Materials

Mobile made of shapes with black and white patterns and string.

What To Do

1. Position the child where he or she can best watch the mobile.

2. Cue: Assist the child in touching the mobile.

3. Hang the mobile where the child can watch the mobile with ease.

4. Touch the mobile so it will move slightly.

5. Reward the child with hugs and kisses for looking.

6. Repeat #4.

7. Communicate to the child about what he or she is doing and how well he or she is doing. Choose a few key words/signs to use over and over and gradually introduce new ones.

8. Give the cue that the activity is finished.

Other Ideas

1. Stack the blocks vertically.

2. Place the blocks horizontally and push the blocks, making a train noise.

3. With more severely motorically involved children, use *large* blocks that they can easily pick up. Large blocks can be made by using various sized milk cartons weighted with rocks or sand, and then taped shut. Various textures can be wrapped around them for tactile stimulation. Also, blocks can be counted as they are stacked.

****

ACTIVITY:
WATER PLAY

Purpose

To encourage the child to explore a variety of objects.

Materials

Small toys or objects that float and sink, tub or sink, water.

What To Do

1. Fill the tub or sink with water.

2. Position the child so he or she can put his or her hands into the water.

3. Cue: Coactively sign play and water; assist the child in touching the water.

4. Put toys into the water.

5. Assist the child in moving his or her hands through the water to find the objects.

6. Allow the child to explore the objects (e.g., mouthing, banging, splashing, feeling, etc.)

7. Communicate to the child about what he or she is doing. Choose a few key words/signs to use over and over so he or she learns the names of objects (e.g., boat), actions (e.g., play), and adjectives (e.g., wet). Gradually add new vocabulary.

8. Give the cue that the activity is finished.

ACTIVITY: CLAPPING

Purpose

To encourage the child's social interaction and imitation.

What To Do

1. Place the child in a sitting position facing you.
2. Cue: Coactively sign clap.
3. Let the child feel you clap your hands together and sing a song such as pat-a-cake.
4. Assist the child in clapping his or her hands together in imitation.
5. Then clap your hands and pause to see if the child will copy.
6. If not, repeat #4. Praise the child when he or she claps.
7. Communicate to the child about what he or she is doing and how well he or she is doing throughout the activity.
8. Give the cue that the activity is finished.

[Note: Consult with a physiotherapist before doing this activity.]

Other Ideas

1. Play other games where the child imitates motor movements. (e.g., roll hands, slap legs, etc.).

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ACTIVITY:
REACH FOR VISUAL AND AUDITORY STIMULI

Purpose

To encourage the child to reach for visual or auditory stimuli and to begin to explore spatial relationships.

Materials

- Shiny noisemakers
- Color capped flashlights
- Shiny ribbons and paper
- Finger puppets placed over penlight
- Neon colored mittens with and without bells attached
- Shiny beads and jewelry
- Vibrator with neon bands
- Pinwheels
- Light up toys
- Sun-catchers

What To Do

Do this activity in a quiet environment with minimal visual and auditory distractions. Do it in a dark room if necessary initially. Help position the child so that he or she has maximum freedom of movement. Keep verbal input to a minimum when presenting stimuli, so the child will be able to carry out his or her intent.

1. Present the light or sound source in the visual or auditory field favored by the child, and hold it steady for 30 seconds. Pair sound and visual stimuli if the child inconsistently responds to these sources when presented in isolation. Movement of visual stimuli may be needed (wiggle pinwheel or flashlight).

2. Slowly move the stimuli to either side of midline, where the child usually brings his or her hands together.

3. Allow lots of time for a delayed response while continuing stimuli input.

4. If no response is noted, try moving the stimuli next to his or her hands.

5. Move the stimuli slowly back towards his or her face around midline and hold to either side of it.

6. Allow lots of time for a delayed response while continuing stimuli input.

7. If the child successfully contacts stimulus with any part of his or her body, assist the child (if he or she needs it) in interacting with the stimulus in whatever manner he or she wishes. Do not take the object immediately away to repeat the procedure as this thwarts the child's intention.

8. Repeat the procedure or present a different stimulus when the child begins to show disinterest.

Other Ideas

1. The child may initially attempt to make contact with a stimulus with his or her head, using it as another hand.

2. Other positive responses are orienting his or her body towards the stimulus, reaching with his or her feet towards the stimulus, and fleetingly raising his or her arm or hand as if to reach.

3. An adverse response is noted when a child gets "locked" in primitive reflexes when attempting to reach. Reposition the child and the stimuli to prevent this.

****

ACTIVITY:
OLFACTORY AWARENESS

Purpose

To help the child become aware of his or her sense of smell and learn to use it as a link to associated experiences.

Materials

- Ivory Soap
- Rain
- Old shoes
- Herbs and spices
- Cedar "butterflies" for garment bags
- Grass and flowers
- Baby Powder
- Christmas tree
- Cooking food
- Polished wood

Generally alerting stimuli: citrus fruit, citrus peels, vinegar, chocolate, jasmine, geranium, eucalyptus

Generally calming stimuli: lavender, vanilla, juniper, rose, chamomile

What To Do

1. The olfactory sense is the synthesizing agent for sensory input at lower neurological levels. It is also an important component for the memory of a total sensory experience. At lower developmental levels it is used for bonding, for recognizing differences in people, and it is interlinked with taste. It can be alerting or calming for the child, and it focuses the child's responses into more organized behavior patterns.

2. One child may be overly sensitive to scents and another child may crave intense odors. Generally, you should use real scents, not artificial ones. Try perfumes and food scented markers, as they may elicit taste responses in immature neurological systems.

3. To take advantage of the olfactory sense's synthesizing qualities, it is best to enhance an object's true smells rather than to try to pair an unrelated odor to a less enticing object (bubble gum scented play dough, for example). Rather, try using bread dough with cinnamon for the same activity as play dough. The dough can be smelled as it is baking, and it can be eaten.

4. A different scent cannot be processed until ten minutes after the initial presentation. Thus, to find the child's preferences, no more than two scents should be used at a session. It is not appropriate to hold scent sticks or jars up to the child's nose for a few seconds--then repeat with another.

5. If used consistently in regular daily routines, scents can be used to aid in the child's transition from one activity to the next and to alert the child to know what to expect next. This is especially helpful with the low threshold child and the child with delayed responses. Allow the child to smell his or her milk, medicine, or soap before starting the activity it signifies.

6. A child with deaf-blindness may tend to be hyper-aware olfactorily, and he or she may smell every stimulus before interacting in any way with it. Smells for these children can be powerfully motivating or very aversive. These can sometimes be used as substitutes for, or paired with visual or auditory stimuli. A child may be encouraged to localize, look at, reach for, or tactiley explore otherwise aversive or boring stimuli when they are endowed with pleasurable scents.

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Appendix E - Evaluation

EVALUATION OF ACTIVITY: **U OF I, BOISE CENTER**

INSTRUCTOR: Robin Greenfield & Tanni Anthony
ACTIVITY: Sensory Loss and the Early Years
LOCATION: Quality Inn/Pocatello, Idaho
DATE: June 23 - 24, 1995

I. **Participants were asked to circle the number which most nearly matched their degree of agreement with the statement made.**

		STRONGLY DISAGREE 1	2	3	AGREE 4
1.	Issues of real concern to me as a classroom teacher/aide were addressed. Total responding: **5 response breakdown**	0	0	2	3
2.	I received real "how to" help for my classroom work. Total responding: **5 response breakdown**	0	0	2	3
3.	The material was presented in a clear fashion. Total responding: **5 response breakdown**	0	0	0	5
4.	The material was presented in an interesting fashion. Total responding: **5 response breakdown**	0	0	0	5

ALL COMMENTS ARE "SIC" (SAVED IN CONTEXT)

II. **I found most useful:**
-Information on types of blindness and hearing loss, simulation of deficits, modeling of transdisciplining.
-The model of Transdisciplinary Assessment.
-How to use a Transdisciplinary Approach.
-Transdisciplinary model explained and demonstrated.
-How to get more input, identifying audio or visual

problems.

III. **I found least useful:**
-As a pre-school teacher I had a hard time following some of the technical terms.

IV. **I intend to make use of in the near future in my classroom of strategies/concepts introduced in this workshop. Specify if possible:**
-Checking filed of vision, closer networking with eye specialists. Soliciting more feedback from classroom teachers.
-Hopefully I can get our district to use the Transdisciplinary Team Approach.
-Use the Transdisciplinary model with some students.
-Give parents greater input in describing their childs abilities and disabilities.
-Just to be more aware of why these kids have some problems. Liked scenarios.

VI. **Other comments:**
-Excellent
-I really learned a lot from this workshop.
-Wonderful!

1993 Idaho Summer Institute Evaluation

1. List three things you learned during this workshop which you could use at your school/in your professional life.

ideas for more informal assessment
the importance of student interests in learning
some ways to adapt curriculum
content web**
ITER**
ideas for content teachers
How change takes place
Making homework real
Teachers working together**
Networking ideas
Regular ed perspectives
Inspiration to use the materials
Strategies to include students more
More continuity in what I'm doing
Exposure to learner Outcome Web
Options to explore with my teachers about including kids
Expanding my thinking
valuable forms to assess students on a team
Inclusion is individually tailored at the school level.**
Materials involve planning and thinking differently
Not much difference between good teaching and inclusion
Inclusion: meaning and action for implementing
curriculum: changes and innovation
Permission to be creative and humane
the link between inclusion and curriculum
Try to do a journal sweep regularly
Share readings with TATs
Children with disabilities can contribute
Ways to modify the IEP
Paradigm for understanding complex school issues
techniques for utilizing existing school systems towards inclusion
Make sure our early efforts at "integration" carry through the year.
Make certain I follow through on plans
Make certain I document the good and the agreements
Planning curriculum thematically with team teacher**
Details and concepts of integration vs. inclusion**
how collaborative teaching might be pursued
Curriculum building that makes sense
I now understand the big picture and now can show where we are trying to go
Great information on how to Begin
Assessment process/portfolios
HAID could be useful with nonlabeled kids who are not successful in school.**
I am impressed with how much you know and have studied the literature.

2. List three things which have challenged your thinking.

The idea of an inclusive school
Scheduling
teacher training
Time constraints**
The idea of thematic style of teaching**
How to convince reg ed teachers to take kids with disabilities
How to get building administrators to buy in
Educational reforms
Ways to make useful IEPs
how to teach basic life skills in integrated curriculum
value of partial participation
Challenging the IEP process
The changing role of the special education teacher is scary
How to combine special and regular educators
Not to be velcro
Everything has to change
Small steps will get us where we want to be
Everything
How to integrate curriculum**
How to include kids of all levels
How to change classroom structure
Looking at the whole concept of education
How to deal with defensive personalities
Advocating for small but potentially impactful changes
Having power within the system
Broadening awareness from integration to inclusion
what is success
I am not alone
Looking at curriculum creatively
Understanding the power of teachers
Ways to actually utilize curriculum to further inclusion
Working more with regular educators
Doing more problem solving with students
The study group's work was based on the premise that all children can and will learn.
The foxfire classes are student centered ...not teacher-
Movement toward collaboration
The class confirmed what I have been thinking and doing
I realize that the road is difficult but that is OK
Write down what you want to get done
Small increments bring change and satisfaction

3. List three things you would change if you were part of the planning team.

Time scheduled to plan with coworkers at school
IEPs with and by general and special education
The Australian Video**

Increase group problem solving time**
have more interaction
lunch included as part of the cost
I would have liked to hear from all three teachers
Schools will never be reinvented until we are taught in a way you are asking us to teach.
Need more food and movement.
List the requirements for class on the first day**
Question time
My time management
My reliance on curriculum planning
realize my potential
I would encourage four days
Changing group membership more often
More opportunity to discuss readings
To include each discipline if possible
To help each member feel like a part of the group.
Some success stories
Set up the groups before we get there
To see more videos
How, when and where the school day is structured
How funds and personnel are allocated
Getting out of the test and place mode
IEP requirements
Building level scheduling
Staffing in teams
Organize it so that the booklets are integrated with the lectures
Faster pace
less group discussion time with quicker feedback
Skip the school activity
how to deal with regular educators**
How to deal with administrators**

4. The most important thing about this workshop for me was ...

Give me tools to start implementing change in my school
Inspiring new interest
Being with other teachers and exchanging information**
Webbing**
Overall picture of reforms
Your knowledge is very impressive
hearing the success stories outside the special education setting
The information energized me to be part of progressive change.
Dianne is wonderful to listen to.**
The practical application and the forms**
Gave me a goal to work for
Ways to give others ideas to work with
Seeing that there is a way for inclusion that is real not a Pollyanna**
hearing that inclusion will come

Affirmation
The model of using the "stickies"
Be aware of the needs of all the students/ keep working for all students
A change of thinking
Looking at inclusion on a large scale
Chris' idea that this is not an innovation
Special education kids are isolated in the regular education class too.

5. The most difficult thing about this workshop for me was ...

Relating many parts of curriculum to other parts
Not enough practice planning curriculum for special needs students
Overwhelmed with time constraints.
Real desire to sit down with each family.
We had too little time to be active learners.**
Focussing in the afternoon**
Paper management
Knowing the amount of time it will take to plan for inclusion
Changing roles of educators.
There are and will be individual differences even if we treat people the same
Lots to synthesize
Special education language and the forms
Lack of application in a private school
Table discussions
Getting out of the special education mode and into education in general

6. My follow-up plan for the workshop will include...

Figure out where I can make changes given what I have learned**
Contacting a regular ed teacher and planning a class together
Sharing info using it in district inservice process of change**
Complete work for credit
Increase communication with staff and families
Plan to share info with special ed director**
Keep in touch with Robin
Using Module 1d
To encourage others to include my child then to push him on them.
Reading more**
Organize paperwork and information
I need to find the threads that pull all of this together
Continue to improve my ability to work with all students**

7. I would like further information on ...

Emotionally impaired students
More info about practical ways to meld inclusion with existing teaching
Specifics of programming

Paper management**
How I could help reform the system
Assessment: parental involvement in implementing change
Speech person working in classroom
Allowing for individual choices/ assessment
real activities in the classroom
Additional training on getting from integration to inclusion

****Comment appeared multiple times**

TWO\SIZEVAL 7/93 mw

Appendix F - Library Catalogue

Idaho Project for Children and Youth with Deaf-Blindness

Materials and Resource Lending Library

ASSESSMENT

BOOKS

Browder, D.M. (1991). Assessment of individuals with severe disabilities: An applied behavior approach to life skills assessment. Baltimore, MD: Paul H. Brookes.

MANUALS

An assessment instrument for families: Evaluating community-based residential programs for individuals with deaf-blindness (1991). Developed by Helen Keller National Center- Technical Assistance Center, Hilton/Perkins Project and Members of the National Parent Network Advisory Committee.

Cress, P.J. (1983). Sensory assessment manual. Monmouth, OR: Teaching Research.
Intended to provide information that leads to reliable assessment of children's vision and hearing capabilities. Intended users are educational service providers, rehabilitation specialists, and allied health professionals who conduct screening of difficult-to-test individuals with sensory deficits.

Stremel-Campbell, K., & Guida, J.C. (1984). Communication placement assessment manual. Monmouth, OR: Teaching Research Integration Project for Children and Youth with Severe Handicaps.

Student activity analysis form.(State of California, Department of Education, Special Education Division). Adapted from P. Hunt, L. Goetz, & J. Anderson (1986). The quality of IEP objectives associated with placement of integrated versus segregated school sites. Journal of the Association for Persons with Severe Handicaps, 11 (2), 125-130.
The Student Activity Analysis Form supplies educational personnel including teachers, consultants, and support personnel with information concerning individual student activities. The purpose of the checklist is to provide a picture of the types of classroom activities and indicators present for individual students. This data can be used for targeting new student activities, altering exisiting student activities, targeting areas of change, and/or evaluating the effectiveness of staff inservice training sessions.

The Insite developmental checklist: A comprehensive developmental checklist for multihandicapped sensory impaired infants and young children (Ages 0-6). Logan, UT: Ski* Hi Institute, Department of Communicative Disorders, Utah State University.

PAMPHLETS

Vocational assessment: A guide for parents and professionals (1990). NICHCY Transition Summary. Washington, D.C.: National Information Center for Children and Youth with Handicaps.

ARTICLES

Vandercook, T., & York, J. (1989). The McGill action planning system (MAPS): A strategy for building the vision. Journal of the Association for Persons with Severe Handicaps, 14, 205-215.

ASSISTIVE TECHNOLOGY

Assistive Technology (1989). NICHCY News Digest. Washington, D.C.: National Information Center for Children and Youth with Handicaps. **$$$** for Adaptive Technology. Reprint from Information from Heath Spring, 1990. Heath Resource Center.

Mendelsohn, S., DeWitt, J.C. (1992). Policy paper: Assistive technology in Maryland - Existing options and alternative strategies under federal/state funded programs, state-based and private initiatives.

COMMUNICATION

BOOKS

Baumgart, D., Johnson, J., & Helmstetter, E. (1990). Augmentative and alternative communication systems for persons with moderate and severe disabilities. Baltimore, MD: Paul H. Brookes.

Beukelman, D.R., & Mirenda, P. (1992). Augmentative and alternative communication: Management of severe communication disorders in children and adults. Baltimore: Paul H. Brookes.

Reichle, J., York, J., & Sigafoos, J. (1991). Implementing augmentative communication: Strategies for learners with severe disabilities. Baltimore, MD: Paul H. Brookes.

Siegel-Causey, E., & Guess, D. (1989). Enhancing nonsymbolic communication interactions among learners with severe disabilities. Baltimore, MD: Paul H. Brookes.

Warren, S.F., & Reichle, J. (1992). Causes and effects in communication and language intervention, Vol. 1. Baltimore: Paul H. Brookes.

MANUALS

Cress, C.J., Mathy-Laikko, P., & Angelo, J. (1983). Augmentative communication for children with deaf-blindness: Guidelines for decision making. Monmouth, OR: Teaching Research.

Siegel-Causey, E., & Guess, D. (1988). Enhancing interactions between service providers and individuals who are severely multiply disabled: Strategies for developing nonsymbolic communication. Monmouth, OR: Teaching Research.

Rowland, C., & Schweigert, P. (1990). Tangible symbol systems. Tuscon, AZ: Communication Skill Builders.

Romer, L.T., & Schoenberg, B. (1990). Multiple alternative communication strategies project (MACS) procedures manual. Eugene, OR: University of Oregon, Center on Human Development.

ARTICLES

Bailey, B.R. (Winter, 1992). Developing textured communication symbols for communication use. TRACES Newsletter, 3-4.

Biklen, D. (1990). Communication unbound: Autism and Praxis. Harvard Educational Review, 60, 291-314.

Biklen, D., & Schubert, A. (1991). New words: The communication of students with autism. Remedial and special education, 12, 46-57.

Calculator, S.N., & Jorgensen, C.M. (1991). Integrating AAC instruction into regular education settings: Expounding on best practices. Augmentative and Alternative Communication, 204-212.

Crossley, R. (September, 1990). Communication training involving facilitated communication. Paper delivered to Australian Association of Special Education Annual Conference, Canberra, Australia.

Downing, J.E., & Siegel-Causey, E. (1988). Enhancing the nonsymbolic communicative behavior of children with multiple impairments. Language, Speech, and Hearing Services in Schools, 19, 338-348.

Mirenda, P., & Iacono, T. (1990). Communication options for persons with severe and profound disabilities: State of the art and future directions. Journal of the Association for Persons with Severe Handicaps, 15, 3-21.

Rowland, C. (1990). Communication in the classroom for children with dual sensory impairments: Studies of teacher and child behavior. Augmentative and Alternative Communication, _, 262-274.

Siegel-Causey, E., & Downing, J. (1987). Nonsymbolic communication development: Theoretical concepts and educational strategies . In L. Goetz, D. Guess, & K. Stremel-Campbell (Eds.), Innovative program design for individuals with dual sensory impairments (pp.15-47). Baltimore, MD: Paul H. Brookes.

TECHNICAL ASSISTANCE HANDOUTS

Van Dijk Strategies for Communication and Language Series (Prepared by Connie Trent, University of Florida, 1990)

1. Week Calendars
2. Day Calendars
3. Resonance Activities
4. Diaries and Journals
5. Objects of Personal Preference
6. Glossary
7. Activity Boards

VIDEOS

Cooley, E. (1987). Getting in touch: Communicating with a child who is deaf-blind. Champaign, IL: Research Press.

This video describes strategies for communicating with children who have dual sensory impairments. Specific examples are given of when to use sign language, objects, verbal language, and or picture symbols. Examples are also given of seven different things to remember when communicating with a children who are deaf-blind (e.g. identifying a name sign, touch signal for identifying people). 20 minutes

Hanen Teaching Tape The Hanen Centre

This film shows families involved in improving different aspects of interaction with their language-delayed child. (Comes with guide) 109 minutes.

Pien, D. (1989). Gestures: The missing link to language. Seattle, WA: Media Services, University of Washington.

This video demonstrates techniques in working with severely languaged delayed children. Such techniques focus on the use of gestures to communicate intention and the later use of formal language. 43 minutes

Say it by Signing (Living Language)

This video describes the basics of sign language. Contents include basic greetings, introductions, family members, days of the week, time expressions, sports and recreation, modes of transportation, food, drinks, clothing, colors, numbers, and money. 60 minutes.

Ski*Hi Coactive Tactile Sign Language Video Tapes Series (1990).

This series consists of nine 60 minute tapes on coactive sign series. The program is divided into two sections. The first section consists of twelve beginning lessons which contain vocabulary considered essential to the young child's functioning (e.g. people, food, action words). Also included in the beginning lessons are teaching tips, demonstrations showing the signs being used in daily activities, and a series of mini lessons which provide information on how to improve overall coactive signing skills. The second portion of the series consists of units that contain vocabulary to enrich and expand the child's language.

DEAF-BLINDESS

BOOKS

Goetz, L., Guess, D., & Stremel-Campbell (1987). Innovative program design for individuals with dual sensory impairments. Baltimore: Paul H. Brookes.

Strategies for serving deaf-blind clients (1984). Eleventh Institute on Rehabilitation Issues. Arkansas Rehabilitation Research and Training Center: University of Arkansas.

MANUALS

Bolton, S., & Williamson, K.S. (Ed). (1990). One step at a time: A manual for families of children with hearing and visual impairments. Monmouth, OR: Teaching Research.

Bullis, M. (1989). Research on the communication development of young children with deaf-blindness. Monmouth, OR: Teaching Research.

Bullis, M. & Fielding, G. (Eds.). (1988). Communication development of young children with deaf-blindness. Monmouth, OR: Teaching Research.

Covert, A.M., & Fredericks, B. (Eds.). (1986). Transition for persons with deaf-blindness and other profound handicaps: State of the art. Papers from the National Conference on the Transition of Profoundly/Multiply Handicapped Deaf-Blind Youth, April 7-10, 1986, Pentagon City, VA. Monmouth, OR: Teaching Research.

Cress, C.J., Mathy-Laikko, P., & Angelo, J. (1983). Augmentative communication for children with deaf-blindness: Guidelines for decision making

Living skills: A guide to independence for individuals with deaf-blindness (1991). Minneapolis, MN: Find Inc.

Rich, J., Rich, E., Fewell, R.R., Schlater, A., & Vadasy, P.F. (1983). Play activities and emergent language: Intervention procedures for young children with deaf-blindness. Monmouth, OR: Teaching Research.

Sall, N., & Mar, H.H. (1992). Technological Resources for Students with Deaf-Blindness and Severe Disabilities. New York: Center for Adaptive Technology.

Sauerburger, D. (1993). Independence without sight or sound: Suggestions for practioners working with deaf-blind adults. New York: American Doundation for the Blind.

Support document: Kentucky programs for students with severe handicaps including deaf-blindness (April, 1989). University of Kentucky: Deaf-Blind Intervention Program.

PAMPHLETS

Information about Usher Syndrome (1991). Baltimore, MD: National Retinitis Pigmentosa Foundation, Inc.

ARTICLES

Barrett, S.S. (November, 1992). Comprehensive community-based services for adults who are deaf-blind: Issues, trends, and services. Journal of Visual Impairment & Blindness.

Downing, J., & Eichinger, J. (1990). Instructional strategies for learners with dual sensory impairments in integrated settings. Journal of the Association for Persons with Severe Handicaps, 15, 98-105.

Giangreco, M.F., Cloninger, C.J., Mueller, P.H., Yuan, S., & Ashworth, S., (1991). Perspectives of parents whose children have dual sensory impairments. Journal of the Association for Persons with Severe Handicaps, 16, 14-24.

Goetz, L., Lee, M., Johnston, S., & Gaylord-Ross, R. (1991). Employment of persons with dual sensory impairments: Strategies for inclusion. Journal of the Association for Persons with Severe Handicaps, 16, 131-139.

Michael, M.G. & Paul, P.V. (1991). Early intervention for infants with deaf-blindness. Exceptional Children, 57, 200-210.

Petronio, K. (1988). Interpreting for deaf-blind students: Factors to consider. American Annals of the Deaf, 133, 226-229.

Ward, M.J., & Zambone, A.M. (December, 1992). The U.S. federal data-collection process for children and youth who are deaf-blind. Journal of Visual Impairment and Blindness.

VIDEOS

Cooley, E. (1987). Getting in touch: Communicating with a child who is deaf-blind. Champaign, IL: Research Press. Introduces teacher, staff, and parents to basic guidelines for communicating with a children who have vision and/or hearing impairments. (20 minutes).

Creating a Circle of Friends (1992)- Idaho Project for Children and Youth with Deaf-Blindness (1992). This video demonstrates the process of conducting a "circle of friends" session with a second grade class at Pioneer School in Meridian, Idaho. (20 minutes)

With the highest expectations (1988). Oregon Commission for the Blind. Follows a young woman, Kim, who is deaf, blind, and developmentally disabled through her daily activities. These activities include going to work, attending classes at the community college, doing volunteer work, and more. Kim's involvement in these activities is the result of interagency coordination. (18 minutes)

Finding Independence Through Technology (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Introduction to Tactile Communication for children who are Deaf-Blind

This film describes how to relate to a person who is deaf blind through interaction and how to recognize and accept all of the child's ways of communicating. There are suggestions as to how to enable the child to access new people, places, and events. 60 minutes

Observing and Enhancing communication Skills for Individuals with Multisensory Impairments

The content of this video includes how to recognize and respond to people's communicative behaviors and intents, how to provide opportunities to communicate, how to use a variety of channels to convey information, and how to conduct observations of communication dyads. Two 60 minute videos, manual included.

EARLY INTERVENTION/PRE-SCHOOL

BOOKS

A Resource Manual for Understanding and Interacting with Infants, Toddlers and Preschool Age Children with Deaf-Blindness (1993). Logan, UT: Hope, Inc.

Garrity, J.H., & Meyer, S. (1990). John Tracy clinic: Correspondence learning program for parents of young deaf-blind children. Los Angeles, CA: John Tracy Clinic.

Hanson, M.J., & Lynch, E.W. (1989). Early intervention: Implementing child and family services for infants and toddlers who are at-risk or disabled. Austin, TX: Pro-Ed.

Morgan, E.C., Terry, B.G., Snow, P.S., Watkins, S., Jensen, D.L., & Clark, T.C. (1989). The insite model: A model of home intervention for infant, toddler, and preschool aged multihandicapped sensory impaired children (Vol.1). Logan, UT: Ski* Hi Institute, Department of Communication Disorders, Utah State University.

Morgan, E.C., Terry, B.G., Snow, P.S., Watkins, S., Jensen, D.L., & Clark, T.C. (1989). The insite model: A model of home intervention for infant, toddler, and preschool aged multihandicapped sensory impaired children (Vol. II). Logan, UT: Ski* Hi Institute, Department of Communication Disorders, Utah State University.

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PAMPHLETS

Early intervention for children birth through 2 years (1988). Washington, D.C.: National Information Center for Children and Youth with Handicaps.

Four critical junctures: Support for parents of children with special needs. Washington, D.C.: National Center for Clinical Infant Programs.

Johnson, D.L. (June, 1991). Grieving is the pits! Exceptional Parent.

MATERIALS IN SPANISH

Thielman, V.B., & Meyer, S. (1990). John Tracy clinic: Programa de ensenanza por correspondencia para los padres de ninos sordo-ciegos de edad preescolar. Los Angeles, CA: John Tracy Clinic.

EMPLOYMENT

BOOKS

Nisbet, J. (1992). Natural supports in school, at work, and in the community for people with severe disabilities. Baltimore, MD: Paul H. Brookes.

ARTICLES

Curl, R.M., Hall, S.M., Chisholm, S., & Rule, S. (1992). Co-workers as trainers for entry-level workers: A competitive employment model for individuals with disabilities. Rural Special Education Quarterly, 11, 31-35

Goetz, L., Lee, M., Johnston, S., & Gaylord-Ross, R. (1991). Employment of persons with dual sensory impairments: Strategies for inclusion. Journal of the Association for Persons with Severe Handicaps, 16, 131-139.

O'Brien, J. (1990). Working on...A survey of emerging issues in supported employment for people iwth severe disabilities. Syracuse University: Center on Human Policy.
Common perspectives and themes of groups in seven states concerned with improving the quality of supported employment.

INFORMATION PACKAGES

Traustadottir, R. (1991). Supported employment: Issues and resources. Syracuse University: Center on Human Policy.

EVALUATIONS AND STUDIES

Hagner, D. (1989). The social integration of supported employees: A qualitative study. Syracuse University: Center on Human Policy.

FACT SHEETS

1. Communication: What is he trying to tell me?
2. Object Communication
3. How to interact with individuals with dual-sensory impairments
4. Light Sensitivity
5. Retinitis Pigmentosa (Usher's Syndrome)
6. Tadoma
7. Touch Cues
8. Personal Futures Planning
9. Sequence Box
10. Awareness of Medical Issues in Relation to Changes in Behavior
11. Creating a Need to Communicate
12. Teaching Body Language
13. Developing Independence
14. Alphabet Soup (Acronyms commonly used in Special Education)
15. Relaxation Strategies
16. Deaf-Blindness
17. Encouraging Exploration
18. Tolerating Touch
19. Appropriate Touch
20. Making Changes in Routines
21. Ideas for Recreation and Leisure Activities
22. Innovative Living Options
23. The Two Hand Manual Alphabet
24. Idaho Resource List

BOOKS

Lynch, E.W., & Hanson, M.J. (1992). Developing Cross-Cultural Competence: A Guide for Working wiht Young Children and Their Families. Baltimore: Paul H. Brookes.

Singer, G., & Irvin, L.K. (1989). Support for Caregiving Families. Baltimore: Paul H. Brookes.

FAMILIES

ARTICLES

Giangreco, M.F., Cloninger, C.J., Mueller, P.H., Yuan, S., & Ashworth, S. (1991). Perpectives of parents whose children have dual sensory impairments. Journal of the Association for Persons with Severe Handicaps, 16, 14-24.

MANUALS

Bolton, S. (1989). One step at a time: A manual for families of children with hearing and vision impairments. Monmouth, OR: TASH Technial Assistance Project.

Mount, B., & Zwernick, K. (1988). It's never too early, it's never too late. St. Paul, MN: Governor's Planning Council on Developmental Disabilities.
An introduction to Personal Futures Planning.

PAMPHLETS

A parent's guide: Accessing parent groups, community services, and to keeping records (1991). NICHCY. Washington, D.C: The National Information Center for Children and Youth with Disabilities.

A parent's guide: Accessing programs for infants, toddlers, and preschoolers with disabilities (1990). NICHCY. Washington, D.C.: The National Information Center for Children and Youth with Disabilities.

A parent's guide: Planning a move - Mapping your strategy (1990). Washington, D.C: National Center for Children and Youth with Disabilities.

Children with disabilities: Understanding sibling issues (1988). NICHCY News Digest. Washington, D.C.: National Information Center for Children and Youth with Handicaps.

Ferguson, S., & Ripley, S. (1991). A parent's guide: Special education and related services: Communicating through letter writing. Washington, DC: The National Information Center for Children and Youth with Disabilities.

Having a daughter with a disability: Is it different for girls? NICHCY News Digest. Washington, D.C.: National Information Center for Children and Youth with Handicaps.

IMPACT, Summer, 1992, Feature issue on Family Empowerment. Institute on Community Integration, College of Education: University of Minnesota.

Life after school for children with disabilities: Answers to questions parents ask about employment and financial assistance. Washington, D.C.: National Association of State Directors of Special Education.

McGrew, K.S. (1992). FISC individualized family-centered planning process.

Respite care: A gift of time (1989). NICHCY News Digest. Washington, D.C.: National Information Center for Children and Youth with Handicaps.

Ripley, S. (1990). A parents guide: Doctors, disabilities, and the family. Washington, D.C.: National Information Center for Children and Youth with Disabilities.

Questions often asked about special education services (1992). Washington, D.C.: National Information Center for Children and Youth with Disabilities.

Questions for consumers to ask a speech-language pathologist or audiologist regarding speech, language, and hearing services. Rockville, MD: American Speech-Language-Hearing Association.

HEALTH

BOOKS

Batshaw, M.L., & Perret, Y.M. (1992). Children with disabilities: A medical primer, 3rd. edition. Baltimore, MD: Paul H. Brookes.

Graff, J.C., Ault, M.M., Guess, D., Taylor, M., & Thompson, B.(1990). Health care for students with disabilities: An illustrated medical guide for the classroom. Baltimore, MD: Paul H. Brookes.

MANUALS

Byrom, E., & Katz, G. (Eds.) (1991). HIV Prevention and AIDS education: Resources for special educators. Reston, VI: Council for Exceptional Children.

Children Assisted by Medical Technology in Educational Setting: Guidelines for Care (1991) Project School Care, The Children's Hospital, Boston, MA

Today's challenge: Teaching strategies for working with young children pre-natally exposed to drugs/alcohol (1989). Los Angeles Unified School District, Division of Special Education Pre-Natally Exposed to Drugs (PED) Program.

Working with Families of Young Children with Special Health Care Needs (1993) Ski*Hi Institute, Utah State University, Logan, UT.

VIDEOS

Relaxation Techniques for People with Special Needs: Breaking the Barriers (Research Press)

In this video, the developers discuss and demonstrate how to use special relaxation procedures with children and adolescents who have developmental disabilities. They emphasize the need for students to learn relaxation as a means of coping with stress and developing self-control. Includes manual Relaxation: A Comprehensive Manual for Adults, Children, and Children with Special Needs. 23 minutes.

PAMPHLETS

Parker, S. (1992). Congenital rubella syndrome: Health care challenges: A guide for parents and professionals. Watertown, MA: Hilton/Perkins National Program.

HEARING IMPAIRMENTS

PAMPHLETS

American Speech -Language-Hearing Association answers questions about: Otitis media, hearing, and language development
Noise and hearing loss
Tinnitus
Child language
Articulation problems
Hearing loss
Stuttering

Castle, D.L. Signaling and assistive listening devices for hearing-impaired people. Rochester, NY: Rochester Institute of Technology.

Deafness: A fact sheet. (1989) National Information Center on Deafness, Gallaudet University.

Hearing impairment and the audiologist. Rockville, MD: American Speech-Language-Hearing Association.

How does your child hear and talk?. Rockville, MD: American Speech-Language-Hearing Association.

How to buy a hearing aid. Rockville, MD: American Speech-Language-Hearing Association.

Is my baby's hearing normal?. Alexandria, VA: American Academy of Otolaryngology-Head and Neck Surgery, Inc.

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Puppet Fun for Hearning Impaired Children Project Ski*Hi Outreach

Students who are deaf or hard of hearing in postsecondary education. Washington,D.C.:Heath Resource Center.

Ski*Hi Programming for Children with Chronic Middle Ear Disease. Barbara Graham Terry

Encyclopedia of Deafness and Hearing Disorders. (1992) Carol Turkington and Allen E. Sussman.

What is an Audiogram?. (1985) Model Secondary School for the Deaf.

MATERIALS IN SPANISH

Que tal habla y oye su nino? Rockville, MD: American Speech-Language-Hearing Foundation.

AUDIO TAPE

Sacks, O. (1990). Seeing voices: A Journey into the world of the deaf. New York, NY: Harper Audio.

INDEPENDENT LIVING

BOOKS

Racino, J.A., Walker, P., O'Connor, S., & Taylor, S. (1992). Housing, support, and community: Choices and strategies for adults with disabilities. Baltimore, MD: Paul H. Brookes.

ARTICLES

1993 Financial aid for students with disabilities. Helth Resource Center. Washington, D.C.: American Council on Education.

O'Brien, J., & O'Brien, C.L. (Eds.) (1992). Remembering the soul of our work: Stories by the staff of options in community living, Madison, Wisconsin. Syracuse University: Center on Human Policy.

O'Brien, J. (1991). Down stairs that are never your own: Supporting people with developmental disabilities in their own homes. Syracuse University: Center on Human Policy.

O'Brien, C.L., & O'Brien, J. (1990). Making a move: Advice from people first members about helping people move out of institutions and nursing homes. Syracuse University: Center on Human Policy.

O'Connor, S., & Racino, J.A. (1990). New directions in housing for people with severe disabilities: A collection of resource materials. Syracuse University: Center on Human Policy.

Racino, J.A., & Heumann, J.E. (1992). Independent living and community life: Building coalitions among elders, people with disabilities, and our allies. Reprint of an article (Generations, XVI, (1), 43-47).

Racino, J.A. (1991). Center for Independent Living (CIL): Disabled people take the lead for full community lives. Syracuse University: Center on Human Policy.

Racino, J.A. (1991). Madison mutual housing association and cooperative: "People and housing building communities." Syracuse University: Center on Human Policy.

Richards, L., & Smith, Q. (1992). Independent living centers in rural communities. Rural Special Education Quarterly, 11, 5-10.

INSTRUCTIONAL MATERIALS

Cooperative Learning (K-5) (1992), Carson-Dellosa Publishing Company.

Finger Alphabet Lotto (1992), Garlic Press.

Raack, C.B. (1989). Excell: Experiences in Context for Early Language Learning. Tucson: Communication Skill Builders.

Helping Your Child Learn with Adaptations (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Choices (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Dressing Skills (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Mealtime Skills (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Playtime Skills (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Self Control (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

LEGAL

PAMPHLETS

Individualized education programs (1990). NICHCY. Washington, D.C.: National Information Center for Children and Youth with Handicaps.

Gerry, M. (1987). Procedural safeguards insuring that handicapped children receive a free appropriate public education. Washington, D.C.: National Information Center for Handicapped Children and Youth.

The education of children and youth with special needs: What do the laws say? (1991). NICHCY News Digest. Washington, D.C.: National Information Center for Children and Youth with Disabilities, 1, 1-15.

The least restrictive environment: Knowing one when you see it (1988). NICHCY. Washington, D.C.: National Information Center for Children and Youth with Handicaps.

LEISURE/RECREATION

IMPACT: Institute on Community Integration. Integrated Outdoor Education/Adventure. Vol. 4 (4), 1991-92.

IMPACT: Institute on Community Integration. Integrated Leisure and Recreation. Vol. 2 (3), Fall, 1989.

SUPPORTED EDUCATION

BOOKS

Falvey, M.A. (1989). Community-based curriculum: Instructional strategies for students with severe handicaps (Second edition). Baltimore, MD: Paul H. Brookes.

Ford, A., Schnorr, R., Meyer,L., Davern., L., Black, J., & Dempsey, P. (1989). Syracuse community-referenced guide for students with moderate and severe disabilities. Baltimore:, MD: Paul H. Brookes.

Fullan, M. (1991). The new meaning of educational change. New York: Teachers College Press.

Giangreco, M.F., Cloninger, C., & Iverson, V.S. (1992). Choosing options and accomodations for children (COACH): A guide to planning inclusive education. Baltimore, MD: Paul H. Brookes.

Lipsky, D.K., & Gartner, A. (1989). Beyond separate education: Quality education for all. Baltimore, MD: Paul H. Brookes.

Orelove, F.P., & Sobsey, D. (Second Ed.) (1991). Educating children with multiple disabilities: A transdisciplinary approach. Baltimore: Paul H. Brookes.

Stainback, W., & Stainback, S. (Eds.) (1990). Support networks for inclusive schooling: Interdependent integrated education. Baltimore, MD: Paul H. Brookes.

Stainback, S., Stainback, W., & Forest, M. (1989). Educating all students in the mainstream of regular education. Baltimore, MD: Paul H. Brookes.

Villa, R.A., Thousand, J.S., Stainback, W., & Stainback, S. (1992). Restructuring for caring and effective education: An administrative guide to creating heterogeneous schools. Baltimore, MD: Paul H. Brookes.

ARTICLES

Ayres, B., & Meyer, L.H. (February, 1992). Helping teachers manage the inclusive classroom: Staff development and teaming star among management strategies. The School Administrator, , 30-37.

Ferguson, D.L., & Baumgart, D. (1991). Partial participation revisited. Journal of the Association for Persons with Severe Handicaps, 16, 218-227.

Hornbeck, D. (February, 1992). David Hornbeck on the changing face of special education: His `schools of distinction' would meet needs of all children. The School Administrator, , 14-18.

Conn, M., Cloud, J.D., Wolak,M., York, J., Corbin, N., & Blackman, H.P. (February, 1992). How four communities tackle mainstreaming. The School Administrator, 22-29.

Downing, J., & Eichinger, J. (1990). Instructional strategies for learners with dual sensory impairments in integrated settings. Journal of the Association for Persons with Severe Handicaps, 15, 98-105.

Margolis, H., & McGettigan, J. (1988). Managing resistance to instructional modification in mainstreamed environments. Remedial and Special Education, 9, 15-21.

Sapon-Shevin, M. (1991). Cooperative learning in inclusive classrooms: Learning to become a community. Cooperative Learning, 12, 8-11.

Vandercook, T., York, J., & Forest, M. (1989). The McGill Action Planning System (MAPS): A strategy for building the vision. Journal of the Association for Persons with Severe Handicaps, 14, 205-15.

Vandercook, T., York, J., & Wolff, S. (October, 1989). Integrated education for learners with severe disabilities: Print and media resources. Minneapolis: Institute on Community Integration, University of Minnesota.

Vandercook, T., Wolff, S., & York, J. (1989). Learning together...Stories and strategies. Minneapolis: Institute on Community Integration, University of Minnesota.

York, J., & Vandercook, T. (1989). Designing an integrated education for learners with severe disabilities through the IEP process. Teaching Exceptional Children,

VIDEOS

Jenny`s story (1991). Ontario, Canada: Integration Action Group.

This video tells the story of Jenny and her journey from an institutional setting to a segregated classroom and finally to her neighborhood school. Reactions to her experience are given by Jenny's parents, her general education teacher, the principal of her school, and her peers.
(15 minutes)

Kids belong together Lethbridge, Alberta, Canada: People First of Lethbridge

This video describes Randy, a fourteen year old young man, and how the dreams of his family have been realized through the philosophy of the school district which values the contribution of all children. The film describes using a "circle of friends" as a way to support their peers with disabilities in and out of school. Teachers also describe their experiences as they began to include children with disabilities in their classrooms.
(23 minutes)

Creating a circle of friends (1992). Idaho Project for Children and Youth with Deaf-Blindness.

This video demonstrates how to conduct a "circle of friends" session using a second grade class from Pioneer School in Meridian, Idaho.

MAPS: A plan for including all children in school. Kansas State Department of Education: Services for Deaf Blind Children and Youth Project (1990).

Dr. Terri Vandercook, University of Minnesota, describes the logic and process of conducting a MAPS session. The viewer is taken through an actual MAPS session for young boy named Matt who is a member of a third grade class. (29 Minutes)

With a little help from my friends (1989). Toronto, Ontario, Canada: Centre for Integrated Education and Community

Judith Snow, an advocate for inclusive communities, describes how society has historically reacted to people with disabilities.
The process of inclusion for one school is demonstrated through conversations with students, teachers, administrators, and family members.
(60 minutes)

TRANSITION

BOOKS

Griffin, S.L. (1992). Applications for youth with sensory impairments. In P. Wehman, Life beyond the classroom: Transition strategies for young people with disabilities. Baltimore, MD: Paul H. Brookes.

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Strategies for advising disabled students for postsecondary education. American Council on Education. Washington, D.C.: Heath Resource Center.

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Chapman, E.K., & Stone, J.M. (1988). Special needs in ordinary schools: The visually handicapped child in your classroom. London: Cassell.

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Chernus-Mansfield, N., Hayaski, D., & Kekelis, L. Talk to me II: Common concerns. Los Angeles, CA: Blind Childrens Center.

Hug, D., Chernus-Mansfield, N., Hayaski, D. Move with me: A parent's guide to movement development for visually impaired babies. Los Angeles, CA: Blind Childrens Center.

Kekelis, L., & Chernus-Mansfield, N. Talk to me: A language guide for parents of blind children. Los Angeles, CA: Blind Childrens Center.

Meyers, L., & Lansky, P. Dancing cheek to cheek: Nurturing beginning social, play, and language interactions. Los Angeles, CA: Blind Childrens Center.

Recchia, S.L. Learning to play: Common concerns for the visually impaired preschool child. Los Angeles, CA: Blind Childrens Center.

Simmons, S.S., & Maida, S. Reaching, crawling, walking...Let's get moving. Los Angeles, CA: Blind Childrens Center.

BOOKLETS IN SPANISH

Chernus-Mansfield, N., Hayashi, D., Horn, M., & Kekelis, L. De corazon a corazon: Padres de ninos ciegos y parcialmente ciegos hablan acerca de sus sentimientos. Los Angeles, CA: Centro para Ninos Ciegos.

Hug, D., Chernus-Mansfield, N., & Hayaski, D. Muevete conmigo: Guia para los padres sobre el desarrollo de movimientos de bebes impedidos de la vista. Los Angeles, CA: Centro para Ninos Ciegos.

Kekelis, L., & Chernus-Mansfield, N. Hablame: Una guia de lenguaje para padres de ninos ciegos. Los Angeles, CA: Centro para Ninos Ciegos.

Kekelis, L., & Chernus-Mansfield, N. Hablame II: Preocupaciones comunes. Los Angeles, CA: Centro para Ninos Ciegos.

VIDEOS

Building Blocks: Foundation for Learning for Young Blind and Visually Impaired Children. American Foundation for the Blind - English and Spanish version.

Presents the essential components of a successful preschool program - collaboration with family members, relationships between parents and professionals, space exploration, braille readiness, orientation and mobility, play, cooking, music, and public education. 10 minutes.

Not Without Sight. American Foundation for the Blind.

Describes the major types of visual impairment and their causes and effects on vision, while camera simulations approximate what people with each impairment actually see. Demonstrates how people with low vision make the best use of the vision they have. 20 minutes.

Oh, I See! (Carolynn Longuil, Shoestring Productions).

A lively introduction to what having a visual impairment means and how elementary and high school students with visual impairments function in school settings. 7 minutes.

IDAHO PROJECT FOR CHILDREN AND YOUTH WITH DEAF-BLINDNESS

TOY LENDING LIBRARY CATALOGUE

B

B1.1DB TURN & LEARN (Fisher Price) A spinning pyramid toy on a turntable base. This toy has four sides of activities including a peek-a-boo mirror, sliding a-b-c's, springy 1-2-3 bear, and a clicking shape and color dial.

B2.1DB BUSY POPPIN' PLANE (Playskool) Push-along popping plane: propeller clicks and turns; popcorn popper in cockpit; tail spinning, rattling ball; wheels activate "popcorn popper."

B3.1DB (1) PUSH' N GO MERRY-GO-ROUND (Tomy) Easy to operate. A (2) gentle push rings the bell and starts the animals spinning and turning. This toy vibrates as the handle returns to starting position.

B4.1DB L'IL HANDS LOVES PULL-N-SPIN (Unimax) This toy suctions to a table top. Pull the lever down and it dings and spins a top. Turn the handles around sideways and they click. Push down the handle from the top and it beeps.

B5.1DB POP 'N SPIN (Playskool) An easy-push plunger activates this top. Colorful balls pop and jump as bright designs spin and swirl.

B6.1DB DISNEY SPINNING TOP (Mattel) One push helps Baby Mickey, Baby Pluto, and Baby Donald whirl around a colorful pole.

B7.1DB L'IL HANDS FUN ROLLER (Unimax) This toy makes a crackling sound when rolled on the floor. The Fun Roller has a series of moveable parts and raised lines and dots on either end.

B8.1DB DISNEY COLOR SPIN (Mattel) This fun toy is a wonder-filled whirl of colors. The faster the balls spin, the brighter they seem to become and Mickey's face appears again and again.

B9.1DB DISNEY ACTIVITY RING (Mattel) 5 different activities make up this brightly colored activity ring. Mickey and Donald slide up and down the ring, Pluto smiles and rattles his beads, and a colored ball and star twirl inside a plastic ball.

B10.1DB STAY'N PLAY PALS (Fisher Price) This toy can be suctioned to a table top or desk. The spinning ball includes a twirling butterfly with reflective wings, and rattling beads.

B11.1DB TOUCH'EMS MONKEY RATTLE (Playskool) The Touch'ems Collection monkey is a soft, colorful, and textured toy. This toy has six different textures including corduroy, satin and cotton.

B12.5DB TOUCH'EMS SOFT BLOCKS (Playskool) This Touch'ems set includes five soft textured blocks with a different sound in each block.

B13.1DB TOUCH' EMS CLUTCH BALL (Playskool) 6 soft textures make up this clutch ball. Easy for small hands to grasp and jingle.

B14.1DB LIL' LOVES HIGH CHAIR RATTLE (Unimax) This suction toy has a colorful spinning wheel with a mirror in the middle.

C

C1.3DB WHIRLIN' WINDMILL (Fisher Price) Child can push the clear balls into the top of the windmill, turn the clicking paddle, and watch the boy and girl whirl'n twirl down the ramp and out the side door. A secret trap door can also send them tumbling out the front door.

C2.1DB SESAME STREET BUSY POPPIN'PALS (Playskool) Sights and sounds - Press beeper and Ernie pops up, pull the lever and Bert flips up, slide the switch to see Big Bird, twist the clicking knob and Cookie Monster appears, and turn the ratcheting dial and up pops Oscar the Grouch.

C3.1DB TUMBLE PETS (Playskool) Roll the wheel and the puppy and the kitten play leapfrog!

C4.1DB L'IL LOVES PULL-N-SEE (Unimax) This toy can attach to a table or a desk. Pull the bar for spinning action and a dinging sound. Turn the dial to make the Pull-N-See click.

C5.1DB DISNEY ACTIVITY ROLL-ALONG BOAT (Mattel) This portable activity center has 10 different activities and sounds including buttons to push, beads to click, and wheels to roll.

C6.7DB SESAME STREET STACKING RINGS (Illco) Multi-colored stacking rings with Big Bird sitting on the top.

C7.7DB ROCK' N ROLL STACKER (Little Tykes) Rocking ring stacker with three colored balls (that cannot be swallowed) to twirl around inside or take out of the clear plastic cone. matching plastic rings are also included to stack.

D

D1.1DB LIGHTS & SOUNDS PIANO (Fisher Price) This little piano features three large colored keys that light up and play high quality musical tones to the touch. Roller drum play Frere Jacques, Mary had a Little Lamb, and London Bridge when spun.

E

E1.1DB TANGLE (Slinky) Twist, turn, bend, and shape it!

E2.1DB SLINKY (Slinky) This old favorite is made of plastic. Walk it down a stairs, play with it in your hands, or bounce it up and down.

E3.5DB FUN FACTORY (Play-Doh) This Play-Doh kit can be used to make lots of different shapes and designs.

BEST COPY AVAILABLE

F

F1.7DB MAILBOX SHAPE SORTER (little tikes) This colorful mailbox has six chunky shapes to sort, a clicking drum that is easy to turn, and a peek-a-boo door.

F2.9DB NESTING FARM ANIMALS (little tikes) Five different farm animals which include a cow, a sheep, a pig, a sheep, and a mouse nest inside each other.

R

R1.1DB SEE 'N SAY STORY MAKER (Mattel) This electronic talking book can create over 10,000 funny sentences. Children press colored buttons in five different categories to choose the words for their sentences. This toy is not only fun but teaches children words and sentence construction.

LIBRARY ADDITIONS

BOOKS AND MANUALS

A Resource Manual for Understanding and Interacting with Infants, Toddlers and Preschool Age Children with Deaf-Blindness (1993). Logan, UT: Hope, Inc.

Bradley, V. J., Ashbaugh, J.W., Blaney, B. C. (1994). Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels. Baltimore, MD: Paul Brookes Publishing.

Chen, D., & McCann, M.E. (1993). Selecting a program: A guide for parents of infants and preschoolers with visual impairments. Los Angeles, CA: Blind Childrens Center.

Chen, D., & McCann, M.E. (1993). Eligiendo un programa: Guia para los padres de infantes y pre-escolares con incapacidades visuales. Los Angeles, CA: Blind Childrens Center

Children Assisted By Medical Technology In Educational Settings: Guidelines For Care (1991). Project School Care, The Children's Hospital, Boston, MA.

Early Focus: Working With Young Blind and Visually Impaired Children and Their Families (1992), American Foundation for the Blind.

Hanson, M. Seeing is Believing, Bridgeview, Ill: Vision Unlimited.

Linder, T.W. (1993). Transdisciplinary play-based assessment: A functional approach to working with young children. Baltimore, MD: Paul H. Brookes Publishing.

Linder, T.W. (1993). Transdisciplinary play-based intervention: Guidelines for developing a meaningful curriculum for young children. Baltimore, MD: Paul H. Brookes Publishing.

Lynch, E.W., & Hanson, M.J. (1992). Developing Cross-Cultural Competence: A Guide for Working with Young Children and Their Families. Baltimore: Paul H. Brookes.

Perkins Activity and Resource Guide, A Handbook for Teachers and Parents of Students with Visual and Multiple Disabilities Volume 1 and 2 (1993). Watertown, MA: Perkins School for the Blind.

Puppet Fun For Hearing Impaired Children (1992). Project Ski*Hi Outreach.

Raack, C.B. (1989). Excell: Experiences in Context for Early Language Learning. Tucson: Communication Skill Builders.

Resources for Family Centered Intervention For Infants, Toddlers, And Preschoolers Who Are Visually Impaired (1993). Two volumes Ski*Hi Institute, Utah State University, Logan UT.

Sall, N., & Mar, H.H. (1992). Technological Resources for Students with Deaf-Blindness and Severe Disabilities. New York: Center for Adaptive Technology.

Singer, G., & Irvin, L.K. (1989). Support for Caregiving Families. Baltimore: Paul H. Brookes.

Terry, Barbara Graham (1992). Ski*Hi Programming For Children With Chronic Middle Ear Disease.

Turkington, Carol, & Sussman, Allen E. (1992). Encyclopedia of Deafness and Hearning Disorders.

What Is An Audiogram? (1985). Model Secondary School for the Deaf

Working With Families of Young Children With Special Health Care Needs (1993). Ski*Hi Institute, Utah State University, Logan, UT.

VIDEOS

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Building Blocks: Foundation for Learning for Young Blind and Visually Impaired Children. American Foundation for the Blind - English and Spanish version).

Finding Independence Through Technology (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Getting a life: Voices of youth in transition. (1993). Maine Committee on Transition.

Hanen Teaching Tape. The Hanen Centre

Helping Your Child Learn with Adaptations (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Choices (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Dressing Skills (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Mealtime Skills (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Playtime Skills (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Helping Your Child Learn Self Control (1991). Baker Street Productions: South Dakota Department of Education and Cultural Affairs.

Introduction to Tactile Communication for Children Who are Deaf-Blind. Ski*Hi Institute.

Observing and Enhancing Communication Skills for Individuals with Multisensory Impairments. Communication Skill Builders.

Oh, I See! Carolynn Longuil, Shoestring Productions.

Not Without Sight. American Foundation for the Blind.

Relaxation Techniques for People with Special Needs: Breaking the Barriers. Research Press.

Relaxation: A Comprehensive Manual for Adults, Children, and Children with Special Needs. 23 minutes.

Say It By Signing. Living Language.

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Kiester, E. Aids and Vision Loss. San Francisco: American Foundation for the Blind.

1993 Financial aid for students with disabilities. Heath Resource Center. Washington, D.C.: American Council on Education.

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ORDER FORM

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Person Requesting

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Please indicate in which category the materials you have requested are found:

- ☐ Assessment
- ☐ Assistive Technology
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- ☐ Early Intervention/Pre-School
- ☐ Employment
- ☐ Fact Sheet(s)
- ☐ Families
- ☐ Health
- ☐ Hearing Impairments
- ☐ Inclusive Education
- ☐ Legal
- ☐ Leisure/Recreation
- ☐ Independent Living
- ☐ Transition
- ☐ Vision Impairments

Mail to:

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Appendix G - Newsletter

Idaho Project for Children and Youth with Deaf-Blindness Newsletter

UI/Boise Center | Vol 3, No. 1 | Fall 1995

SERVICES FOR FAMILIES AND SERVICE PROVIDERS OFFERED BY THE IDAHO PROJECT FOR CHILDREN AND YOUTH WITH DEAF-BLINDNESS

Project Services	What does the project do?	The project offers an array of services including technical assistance to families and services providers, consultations with the project's transdisciplinary team, workshops, a lending library of books, manuals, and video tapes with information about vision and hearing loss.
Service Requests	How do I get assistance?	Call the project office at (208) 364-4012 to ask for assistance. All services are confidential and provided only at the request of families or service providers who have children and young adults (0-22) with combined vision and hearing losses and are part of the project census.
Project Team	What does the project's Transdisciplinary Team do?	The project's team consists of a vision specialist, an occupational therapist, an audiologist, a speech and language pathologist, and a teacher. The team will conduct assessment, training, and ongoing consultative services for children on the census.
Parent-to-Parent Contact	How can I meet other parents?	The project can link you with other parents who can provide support and share information. The project also sponsors families to attend a Family Weekend with other families from Idaho and Washington.
Workshops	What kind of workshops do you offer?	Past workshops have been conducted on sensory loss and young children, person-centered-planning, transdisciplinary teaming, and communication strategies. An annual summer institute is conducted in different parts of the state and trainings can be individually tailored to meet parent and service provider needs.
Funding	Who pays for the services?	Services are provided free of charge to families and service providers.

PROJECT UPDATE

Welcome back to school! I hope you had a restful summer and are ready for the new year. Good news for the project. In this time of budget cuts and reinventing, we are happy to be alive and well.

The project has some exciting plans for the coming year. We hope to have a series of half-day mini-workshops on a variety of subjects. These mini-workshops will be conducted several times over the course of the year in different parts of the state. If you would like a particular topic included in the series, please give us a call.

Another new activity will take place next summer in cooperation with the state of Washington. The project will be sending three families to a "Families Together" week end in northern Idaho. This is a great opportunity for famlilies to meet with one another, get some information and training, and have some rest and relaxation at the same time. We are very excited about this retreat and intend to make this activity a permanent part of the project.

In January, we hope to get Gwen Whiting (R.N., M.S., Psychotherapist) to Boise for a two day workshop. Ms. Whiting works in association with Kenneth L. Moses, Ph.D. and conducts workshops throughout the country on the dynamics of parental responses to disability or illness in their children and the impact on parent/professional interactions.

We will also be conducting our annual summer institute in Boise, Idaho Falls, and Moscow. Some preliminary thoughts on topics for the institute include transdisciplinary teaming, sensory loss and the impact on student performance in the classroom.

Finally, please keep in mind that the project's Transdisciplinary Team is also alive and well. The team includes a vision specialist, an audiologist, a speech and language pathologist, an occupational therapist, and a teacher. The team is available, free of charge, to conduct assessments and on-going consultative services for children who are on the project census or who might potentially be on the census.

Degrees of Heavy Loss

- **Normal**
  Hearing level 0-20 decibels
- **Mild hearing loss**
  Hearing level 21-40 decibels (Can hear conversational speech, but will have difficulty hearing distant or faint sounds. Amplification may be needed.)
- **Moderate hearing loss**
  Hearing level 41-60 decibels (Can hear conversational speech 3 to 5 feet away. Will probably need a hearing aid and auditory training.)
- **Severe hearing loss**
  Hearing level 61-80 decibels (May hear a loud voice at about one foot and be able to identify environmental noises. May be able to determine vowels, but not consonants.)
- **Profound hearing loss**
  Hearing loss >80 decibels (May hear loud sounds, but hearing is not a primary modality used for receptive communication.) (Hamre-Nietupski, Swatta, Veerjusen and Olsen, 1986)

Assessing the Instructional Environment to Meet the Needs of Learners with Multiple Disabilities, Including Students who are Deaf-Blind

Many children and youth who have deaf-blindness function in a range of settings where lighting and visual contrast can be modified to maximize their use of residual vision. Team decisions regarding such modifications, however, must also include information on needs related to other physical disabilities. The following checklist can be used by team members in order to assist them in making decisions regarding environmental adaptations.

Environmental Check List

Section 1 - Therapeutic Positioning

Overall Body Positioning (Sitting)

- Student is upright, or reclined slightly, with hips, knees, and ankles at 90-degree angles, or other angle(s) recommended by a therapist.
- Student's head is neutral and upright, with or without external support.
- Student's arms are supported by the table top or wheelchair tray so the elbows are flexed between 90 and 120 degrees.

Overall Body Positioning (Sidelying)

- Student is supported correctly (i.e., lower shoulder is forward; head is in alignment with the spine; hips, knees and ankles are flexed; pillows are placed between and below bony prominences).
- Student is lying so that the better eye (if known) is on the upper half of the body.

(**Note:** *Consultation with the team is recommended to determine whether sidelying on a particular lateral half of the body may be contraindicated).*

Overall Body Positioning (Supported Supine)

- Student is supported correctly (i.e., head in alignment; chin slightly flexed; shoulders rounded forward slightly; hips, knees, and ankles flexed).
  Student's head is stable with or without external support.

Position of Peers, Adults, and Materials

- Depending on the student's head control, materials are placed horizontally, vertically, or somewhere in between those points.
  Peers or adults position themselves at or near the student's eye level during interaction.

Section II - Lighting

Amount and Type of Light (indoors)

- A combination of light sources (i.e., natural light plus incandescent light, etc.) is available.
- The entire work surface is illuminated evenly (dependent upon specific task requirements).
- Supplemental lighting is available (if necessary).

Position of Light

- Student is positioned so that all sources of natural light (e.g., windows) are behind him rather than behind the instructional/ social/ communicative partners.
- Supplemental light source originates from over the student's head so the shade directs the light on only the task materials (if necessary). OR
- Supplemental light source originates from behind and over the shoulder of the student (e.g., over the left shoulder for those who use the right hand and vice versa). OR
- Supplemental light source originates from behind and over the shoulder of the student on the lateral half of the head towards the most functional eye.

Glare

- Work surface is made of (or covered with nonreflective material.
- Materials are made of nonreflective material.
- Light emitted in the direction of the eye is limited or eliminated.

Contrast

- For tasks that rely on materials that are black or dark in color, the background surface is lighter to enhance contrast. Light colored materials use a dark background surface.
- Select or purchase materials that contrast with the work surface (if possible).

Bonnie L. Utley, TRACES Regional Director, Northern Region Teaching Research Division, Western Oregon State College, 345 N. Monmouth Ave., Monmouth, OR 97361

PARENT ADVOCACY TIPS

The following article and tips were taken from the winter 1994-95 issue of "HORIZONS," the newsletter of the Blind Babies Foundation headquartered in California.

1.
Share your "vision" of who your child is and is capable of becoming with every professional working with him or her.

2.
Filter all goals, therapies, etc. through your "vision".

3.
Remember that you know the "whole" child best; others will only know more about part of your child's condition.

4.
Be proactive! Don't wait for things to go wrong before getting involved. Stay informed and know your child's care providers.

5.
Consider yourself a full-fledged member of all teams that care for your child. Attend all team meetings and bring written reports for other team members.

6.
Follow through with all agreements you make about working with your child.

7.
Prioritize your demands.
Be selective about what you can give up and what you can't.

8.
Get emotional support from friends, family, and other parents facing similar struggles.

9.
Don't accept that something is impossible just because someone says it is. You might be able to convince the person who makes or enforces the rule or regulation creating the "impossibility" to meet your demands.

10.
Remember that government agencies mandated to serve your child have to provide that care. Solving their financial problems is not your concern.

11.
Recognize that you will occasionally have to devote time to things other than caring for your child.

12.
Always remember, there are no perfect parents, and there are no perfect programs.

HOMEMADE MATERIALS

Playdough

Mix 1 cup of flour with 1 cup of salt. Add water to mix and one tablespoon vegetable oil. Take the clump and knead it with your hands until it feels like smooth playdough. Store in tight container.

Note: The clay has a tendency to dry out. If you keep it in a tight container, it should stay pliable. Just work in more water to reconstitute.

AUTUMN EXPLORATIONS

Feelie Box
For tactile discrimination, put leaves and differently textured objects into a "feelie box." Ask children to find the leaves.

Leaf Collage
Have the children gather fallen leaves to make a leaf collage.

Seed Collage
Seeds and nuts are great collage materials because they are easily glued to a paper surface.

Counting and Comparing
Chestnuts, pine cones, acorns, or whatever is available locally can be used in games of "how many?" "same and different," "few and many," "which one doesn't belong?" and "which is smallest?, which is largest?"

Experience, it is said, is the best teacher -
providing, of course, we become the best students.

♦ ♦ ♦ ♦ ♦

The most important function of education
at any level is to develop
the personality of the individual and
the significance of his life
to himself and to others.

— GRAYSON KIRK

BRIGHT STARTS™ - by Pansy Ellen

What does baby see? Why black and white?
Newborns can see and hear from birth, just not as clearly or as well as an older child or adult. Your baby's field of vision is limited. A newborn sees only shades of grey. It is important to provide your baby with objects that feature the two extremes — BLACK and WHITE. These high contrast colors captivate and hold baby's attention and stimulate real physical activity — such as wiggling, arm waving, kicking, giggling, and smiling.

Important facts
As early as three days, your infant can imitate behavior. Brain growth occurs fastest in the first two years. Seventy percent of total adult brain weight occurs by one year.

Color chart

Birth	Baby sees strong contrast: black & white, red & white
6 months	Baby begins to see cool colors — light green, light blue
9 months	Baby responds happily to warm colors — red, yellow, orange

Concentration
Your newborn baby's concentration level is about four-10 seconds; ten seconds for a face and about five seconds for a pattern. Your baby will also like change (they do get bored!) so rotate crib toys or crib panels often. Your baby's concentration level will increase with time and development.

Help your baby develop a sense of security and family
From the first moments you spend with your baby, make eye contact and call your baby by name. This will help encourage a sense of identity and belonging. Talk or sing each time you feed or change your baby. By learning to love the sound of your voice, baby learns language skills and appropriate behavioral responses. ● Provide texture for your baby's touch, either on your clothing or on baby's covers. And accompany diaper changes with pleasing smells such as baby wipes, powder, or gentle lotion. ● It is important to remember that newborn babies lack eye control until about six weeks of age and that they prefer to look at edges until about four weeks. After four weeks, babies will begin to search out shapes and three-dimensional objects.

Faces, checkerboards and bullseyes
At birth, your baby can see at a distance of about 10-13 inches. A parent's eyes are the first focal points a baby will observe. Baby will prefer a pattern similar to a face, followed by a preference for checkerboards and bullseyes. Patterns of medium complexity — those which provide a sufficient number of black and white contrasts — produce the most response. Recommended objects — CIRCLES, DOTS, SQUARES, STRIPES and CHECKERBOARDS.

Your baby will enjoy
Rocking motions — imitates life in the womb.
Touching and stroking from head to toe — helps regulate breathing.
Swimming — helps motor development and increases confidence levels.
With early infant learning, your baby can develop into a happy, loving, and well-rounded individual.

Play with and sing to your baby
These are the "first impressions" that can make a lasting difference in mental, emotional, and physical well-being and development.

Activity	Result
SIGHT Visual Stimulation	Increase in concentration; attentiveness; tracking; attachment to environment and individuals
SOUND Aural Stimulation	Recognition, knows name; language understanding; language facilitation; response to music, drumbeats rhythm — aid to bonding
TOUCH Tactile Stimulation	Range of textures, feelings, and pressure; helps regulate breathing
SMELL Olfactory Stimulation	Identification by smell; Utilize receptors in nose
TASTE Gustatory Stimulation	Reinforces motor growth; hand/mouth coordination; active stimulation of salivary glands may enhance motor growth

Remember to work with your baby's five senses
It's never too early to start. Clinical research has shown that the optimum time for the introduction of infant stimuli is as soon as two hours after birth! Just remember, all interaction with your baby should be pleasing, fun, and natural — never forced. Watch your baby carefully. He/She will provide you with cues. The best time for interaction is when baby is in an alert/inactive or quiet/alert state. When your baby becomes fussy, turns away, or cries, this is a sign of fatigue — also caused by too bright a light, too much noise or too many people. Give your baby a rest. When alert again, reintroduce the infant stimuli.

"If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be."

— Johann Von Goethe

NEW ADDITIONS TO THE LIBRARY

BOOKS AND MANUALS

Carr, E.G., Levin, L., McConnachie, G., Carlson, J.I., Kemp, D.C., & Smith C. E. (1994). Communication-based intervention for problem behavior. Baltimore: Paul H. Brookes.

Dell, S., McNerney, P. (1994). Toys for children with visual impairments. Easter Seals. Rhode Island Services to Children with Dual Sensory Impairments.

Everson, J.M. (Ed.). (1995). Transitions services for youths who are deaf-blind: A best practice guide for educators. Helen Keller National Center-Teachnical Assistance Center.

Falvey, M.A. (1995). Inclusive and heterogenous schooling: Assessment, curriculum, and instruction. Baltimore: Paul H. Brooks Publishing.

Flexer, C. (1994). Facilitating hearing and listening in young children. San Diego: Singular Publishing Co.

Haring, N.B., & Romer, L.T. (Eds.). (1995). Welcoming students who are deaf-blind into typical classrooms: Facilitating school participation, learning, and friendships.
Baltimore: Paul H. Brookes.

CHILDREN'S BOOKS AND GAMES

Collins, S.H. (1994). An alphabet of animal signs. Eugene, OR: Garlic Press.

Collins, S.H. (1994). Mother goose in sign. Eugene, OR: Garlic Press.

Collins, S.H. (1993) A word in hand. Eugene, OR: Garlic Press.

Collins, S.H. (1993) A word in hand, book 2. Eugene, OR: Garlic Press.

Collins, S.H. (1992) Finger alphabet lotto. Eugene, OR: Garlic Press.

AUDIO TAPES

Lectures from the Contemporary Forums Conference entitled The Child with Special Needs, San Francisco, CA, April 26-29, 1995.

1. **The Evolving Parameters and Behavioral Aspects of Fetal Alcohol Syndrome**
   Presenter: S. Claren, MD

2. **Effective Interventions and Issues with Drug Exposed Children**
   Presenter: Nika St. Claire, MD

3. **In the Classroom with Medically Fragile Children**
   Presenter: Jan Valluzzi, M.B.A.

4. **Becoming Culturally Competent in Service Delivery**
   Presenter, Marci J. Hanson, Ph.D

5. **Transdisciplinary Play-Based Assessment**
   Presenter: Toni Linder, Ed.D

6. **Transdisciplinary Play-Based Interventions**
   Presenter: Toni Linder, Ed.D

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AND YOUTH WITH DEAF-BLINDNESS
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Appendix H - List of Project Fact Sheets

January 1992

Communication: What Is He Trying To Tell Me?
How To Interact With Individuals
Innovative Living Options
Interdisciplinary Human Development Institute
Just The Facts
Light Sensitivity
Object Communication
Retinitis Pigmentosa
Tadoma
Touch Cues

July 1992

Alphabet Soup
Appropriate Touch
Awareness Of Medical Issues In Relation To Change In Behavior
Creating A Need To Communicate
Deaf-Blindness
Developing Independence
Encouraging Exploration
Guidelines For Interacting With Persons
Ideas For Recreation And Leisure Activities
Innovative Living Options
Making Changes In Routines
Relaxation Strategies
Sequence Box
Teaching Body Language
The Two Hand Manual Alphabet
Tolerating Touch

March, 1994

Behavior Management Guidelines
Benefits Of Community-Based Instruction
Best Educational Practices For Students With Severe And Multiple Disabilities
Circles Of Friends
Clearinghouses In Collaboration
Cortical Visual Impairment
Facilitating Friendships And Interactions
Inclusive Education
Questions For Your Eye Doctor
Systematic Planning For Inclusion
Transition Questions For Parents Of School Age Children

October, 1995

Behavorial Disorders: Focus On Change
Children with Communication Disorders
Could This Child Have A Hearing Problem?
Preschool Observation Form
Including Students With Disabilities In General Education Classrooms
Ocular Side Effects Of Necessary Medications
Parent Interview For Young Children With Vision Problems
Parent Questions For An Eye Specialist
Rights And Responsibilities Of Parents Of Children With Disabilities

For More Information...

If a child's behaviors lead you to think that he or she might have both hearing **and** vision impairments, please contact the Idaho Project for Children and Youth with Deaf-Blindness for further information and referral.

Idaho Project for Children and Youth with Deaf-Blindness

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This brochure is produced and distributed through a joint effort between TRACES (Teaching Research Assistance to Children and Youth Experiencing Sensory Impairments (Cooperative Agreement No. H025C00001) and the Idaho Project for Children and Youth with Deaf Blindness (Grant Contract No. H025A20042) with funding from the U.S. Department of Education.

It is the policy of the Idaho Project for Children and Youth with Deaf-Blindness to provide equal employment opportunity for all persons, without regard to race, national origins, creed, sex, color, religion, marital status, age, or disabilities.

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Idaho Project for Children and Youth with Deaf-Blindness
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IDAHO
Project for Children and Youth with Deaf-Blindness

Information and Assistance for Individuals Who Are Deaf-Blind

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What Is Deaf-Blindness?

Deaf-blindness is a loss in both the vision and hearing senses*. This condition affects over 8,000 children between birth and 21 years of age in the United States. Deaf-blindness has over 70 known causes; however, regardless of the cause, the challenges of deaf-blindness are lifelong. Appropriate education must address **both** the hearing and vision impairments as well as any other disabilities that may be present.

Children who are deaf-blind may exhibit a wide range of behaviors during interactions with family, friends, and their environment as a result of the sensory losses. The losses may occur in varying degrees and a child need not exhibit all of the behaviors identified in this brochure to be considered deaf-blind. For example, a child may show only one of the behaviors that indicates a hearing impairment; but show several of the behaviors that indicate a vision impairment. **The combined effects of both of these sensory losses, even if both are mild, may qualify him or her as deaf-blind.**

Parents and professionals, upon observing these behaviors, may need assistance in confirming the sensory loss. This brochure provides general information on deaf-blindness. Contacting the Idaho Project for Children and Youth with Deaf-Blindness is the first step to securing assistance.

** The federal definition of deaf-blindness states "children and youth having auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that they cannot be appropriately educated without special education and related services, beyond those that would be provided solely for children with hearing impairments, visual impairments, or severe disabilities, to address their educational needs due to these concurrent disabilities."*

Behaviors that May Indicate a Dual Sensory Impairment

The following questions are designed to help parents and professionals determine if there is a possibility of a vision **and** hearing loss. If you answer yes to questions in **both** of the following sections, the child may have a dual sensory loss and should receive complete vision and hearing assessments. The Idaho Project for Children and Youth with Deaf-Blindness can assist with referrals for assessments.

Behaviors that May Indicate a Visual Impairment

Does the child or student...

- often bump into persons and objects?
- have difficulty walking or crawling smoothly across shadows or areas that look different (carpet or tile)?
- need to touch or have an object close to the face to identify it?
- prefer only brightly colored or shiny objects?
- have difficulty reaching for and grasping objects in a coordinated manner?
- squint, cover, or close one eye when looking at objects?
- lose interest or tire easily when performing close tasks?
- usually turn toward a light source?
- fail to recognize and respond to familiar faces?
- have difficulty following moving objects with his/her eyes?
- have eyes that are red or watery, not clear?

Behaviors that May Indicate a Hearing Impairment

Does the child or student...

- fail to react to loud noises?
- frequently ask to have things repeated or follow directions incorrectly?
- seem confused when verbal directions are given in noisy environments such as playgrounds or school cafeterias?
- indicate agreement (nods head) when you know he/she does not understand what was said?
- have difficulty locating the sources of sounds?
- fail to recognize and respond appropriately to words or common home noises (telephone, door knock, television)?
- understand better when looking directly at the speaker?

Services Provided by the Idaho Project for Children and Youth with Deaf-Blindness

- Assistance in identification
- On-site technical assistance (e.g., training, one-on-one consultation, in-service workshops, program design and review) for families, educators, and others based on individual needs.
- Lending library with up-to-date books, articles and manuals.
- access to programs, professionals, and parents who are involved with individuals who are deaf-blind and their families.
- newsletters and project mailings for up-to-date materials on deaf-blindness.

Para más informacion...

Si los comportamientos de un niño le hace a usted pensar que el mismo podría tener ambos impedimentos del oído y de la vista, favor de comunicarse con el Proyecto de Idaho para Niños y Jóvenes Sordos y Ciegos para más información y referencias.

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Este folleto es producido y distribuido por medio de un esfuerzo conjunto entre TRACES (Asistencia en la Investigación de la Docencia para los Niños y Jóvenes con Inpedimentos Sensoriales (Contrato Cooperativo Numero H025C00001) y el Proyecto de Idaho para Niños y Jóvenes Sordos y Ciegos (Contrato de Subvención Numero H025A20042) patrocinado por el Departamento de Educatión de los Estados Unidos.

La politica del Proyecto de Idaho para Niños y Jóvenes Sordos y Ciegos es de proveer la igualdad de oportunidad de empleo para todas las personas, sin tomar en cuenta raza, origenes nacionales, creencia, sexo, color, religión, estado civil, edad, o deshabilidades.

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Proyecto de **IDAHO** *para Niños y Jóvenes Sordos y Ciegos*

Información y Asistencia para los Individuos Sordo y Ciegos

Qué Significa Ser Sordo y Ciego?

Ser Sordo y ciego significa la pérdida del sentido del oído y de la vista a la vez.* Esta condición afecta a más de 8,000 niños desde el nacimiento hasta los 21 años in los Estados Unidos. Ser sorde y ciego tiene más de 70 causas conocidas; sin embargo, lo que sea la causa, los desafíos de ser sordo y ciego son de toda la vida. La educación apropiada tiene que tomar en cuenta los impedimentos del oído y de la vista a la vez, así como cualquier otra deshabilidad que pueda estar presente.

Los niños que son sordos y ciegos pueden mostrar una gran variedad de comportamientos durante las interacciones con la familia, los amigos y el ambiente como consecuencia de las pérdidas sensoriales. Las pérdidas pueden occurrir en grados diversos y un nino no necesita mostrar todos los comportamientos identificados en este folleto para que se le considere sordo y ciego. Por ejemplo, un niño puede mostrar solo uno de los comportamientos que indican un impedimento del oído, pero muestra varios de los comportamientos que indican un impedimento de la vista. **Los efectos combinados de estas pérdidas sensoriales, aunque ambas sean leves, pueden calificarlo como sorde y ciego.**

Los padres de familia y profesionales, al observar estos comportamientos, pueden necesitar asistencia para comfirmar las pérdidas sensoriales. Este folleto provee información general sobre ser sordo y ciego. La primera etapa para conseguir la asistencia es comunicarse con el Proyecto de Idaho para Niños y Jóvenes Sordos y Ciegos.

* *La definición federal de ser sordo y ciego abarca "niños y jovenes que tienen impedimentos auditivos y visuales, la combinación de los cuales crea necesidades tan severas de la comunicación, el desarrollo y el aprendizaje que no pueden ser educados apropiadamente sin la educación especial y los servicios relacionados además de los que se suministrarían solamente para los niños con impedimentos del óido impedimentos visuales o deshabilidades severas, para tratar sus nicesidades educativas debidas a estas deshabilidades concurrentes."*

Los Comportamientos que Pueden Indicar un Impedimento Sensorial Doble

Las siguientes preguntas han sido diseñadas para ayudarles a los padres de familia y profesionales a determinar si hay una posibilidad de una perdida de la vista y del oído. Si usted responde sí a las preguntas en ambas de las siguientes secciones, el niño puede tener una pérdida sensorial doble y debe hacerse unos analisis de la vista y del oido. El Proyecto de Idaho para Niños y Jóvenes Sordos y Ciegos pueden ayudar con referencias para los análisis.

Los Comportamientos que Pueden Indicar un Impedimento de la Vista

¿El niño o estudiante...

- se da golpes a menudo contra personas y objetos?
- tiene dificultad en caminar o gatear con fluidez a través de las sombras o áreas que se ven diferentes (la alfombra o el azulejo)?
- necesita tocar o tener un objeto cerca de la cara para identificarlo?
- prefiere solamente objetos de colores vivos o brillantes?
- tiene dificultad en alcanzar y agarrar objetos en una manera coordinada?
- entrecierra, cubre, o cierra un ojo cuando está mirando objetos?
- pierde el interés o se cansa facilmente cuando está haciendo tareas de cerca?
- generalmente voltea hacia una fuente de luz?
- no reconoce y responde a las caras conocidas?
- tiene dificultad en seguir con los ojos los objetos en movimiento?
- tiene los ojos rojos o llorosos en vez de claros?

Los Comportamientos que Pueden Indicar un Impedimento del Oido

¿El niño o estudiante...

- no reacciona a los ruidos fuertes?
- pide a menudo que le repita so que se le dijo o sigue las instrucciones incorrectamente?
- parece confundido cuando se le dan instrucciones verbales en ambientes con mucho ruido tales como áreas de juego o cafeterias escolares?
- indica estar de acuerdo (asiente con la cabeza) cuando usted sabe que no entiende lo que se dijo?
- tiene dificultad ien localizar las fuentes de los sonidos?
- no reconoce ni responde apropiadamente a palabras o ruidos comunes de casa (el teléfono, el tocar la puerta, el televisor)?
- entiento mejor cuando mira directamente al orador?

Servicos Suministrados por el Proyecto de Idaho para Niños y Jóvenes Sordos y Ciegos

- Asistencia en la diagnosis
- Asistencia técnica (por ejemplo, entrenamiento, consulta individual, talleras en el área de trabajo, diseño y revisión de programas) en donde se encuentran las familias, educadores y otros basada en las necesidades individuales.
- Biblioteca con libros, articulos y manuales al día para prestar.
- Acceso a programas, profesionales y padres de familia participando con individuos sordos y ciegos, y sus familias.
- Boletines y correspondencia del proyecto sobre materiales al día acerca de ser sordo y ciego.